

STATE OF TENNESSEE THE
DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL
DISABILITIES



*Annual Report Fiscal
Year 2013-2014*





Commissioner
Debra K. Payne

Fellow Tennesseans,

Thank you for your interest in the services and supports provided by the Department of Intellectual and Developmental Disabilities. It is the mission of the Department to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities. To fulfill our mission we must embody the vision to support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives.

We work diligently to instill partnerships with people who use our services, their families and friends. We are committed to our contracted providers who invest deeply in providing quality supports and services. These partnerships strengthen the community in which we work and drive better lives for the people we support.

In FY2013-2014, the Department moved forward in establishing employment supports as a major focus of service for persons served. Doorways have been opened for employment success to be ushered in to Tennessee in more ways than ever before. The process to become the first government entity accredited by the Council on Quality Leadership began throughout the Tennessee IDD community. We also began instilling the Community of Practice philosophy. Partnerships are expanding to draw on the common interest of providing the best supports possible for Tennesseans with intellectual and developmental disabilities.

In the pages below you will find accomplishments in each office of the Department that reflects our continued commitment to the citizens we serve and fulfilling Governor's vision for efficient Customer Focused Government. This commitment is to provide an array of supports that focus on innovation, advocacy, community, and protection from harm. We believe that all people with disabilities have the right to achieve enriched lives in our community.

We thank the community and our stakeholders for continued support in our endeavors.

Sincerely,

A handwritten signature in black ink that reads "Debra K. Payne".

Debra K. Payne, Commissioner

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DIDD Overview Mission and Vision

The Department of Intellectual and Developmental Disabilities (DIDD) is the state agency responsible for administering services and support to Tennesseans with intellectual and developmental disabilities. DIDD administers services directly or through contracts with community providers.

The state Medicaid agency, Bureau of TennCare, contracts with DIDD to operate three Medicaid Home and Community Based Services (HCBS) Waiver programs for persons with intellectual disabilities. Waiver programs allow people to receive long-term care in their homes and the community.

DIDD is dedicated to serving people with intellectual disabilities in Tennessee and supporting their families, caregivers, and providers who deliver the supports and services necessary to promote their personal quality of life.

Vision Statement

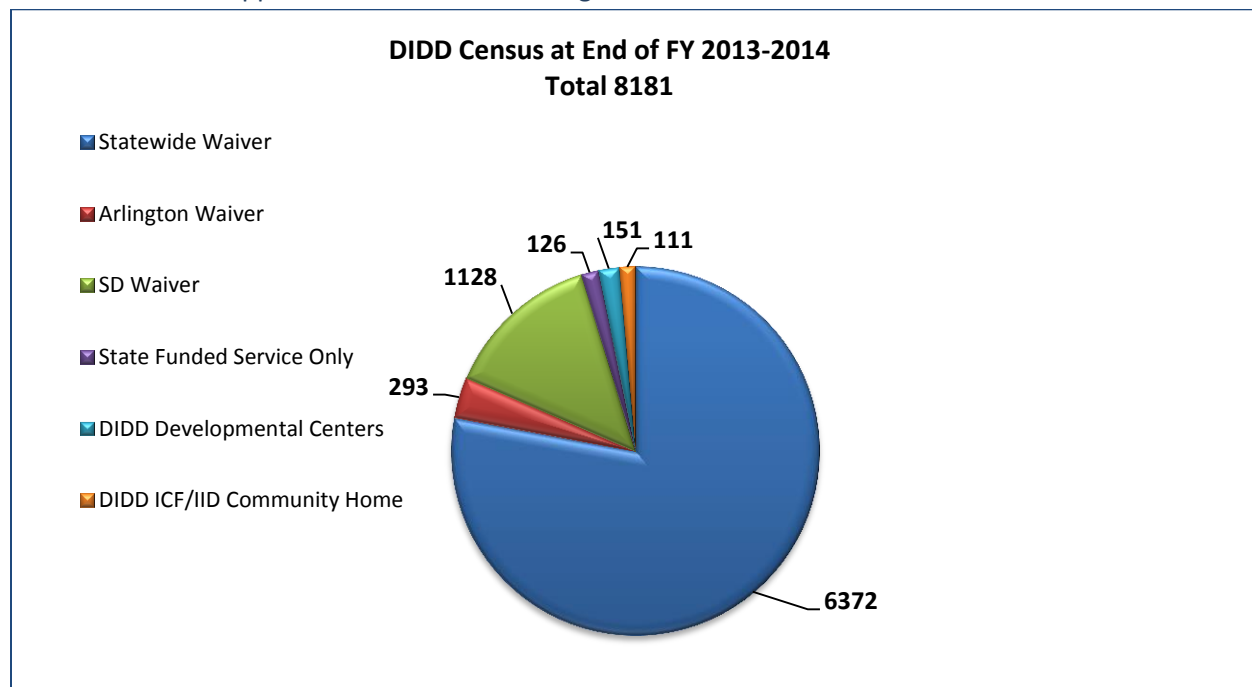
The Department's vision is to support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives.

Mission Statement

The Department's mission is to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities.

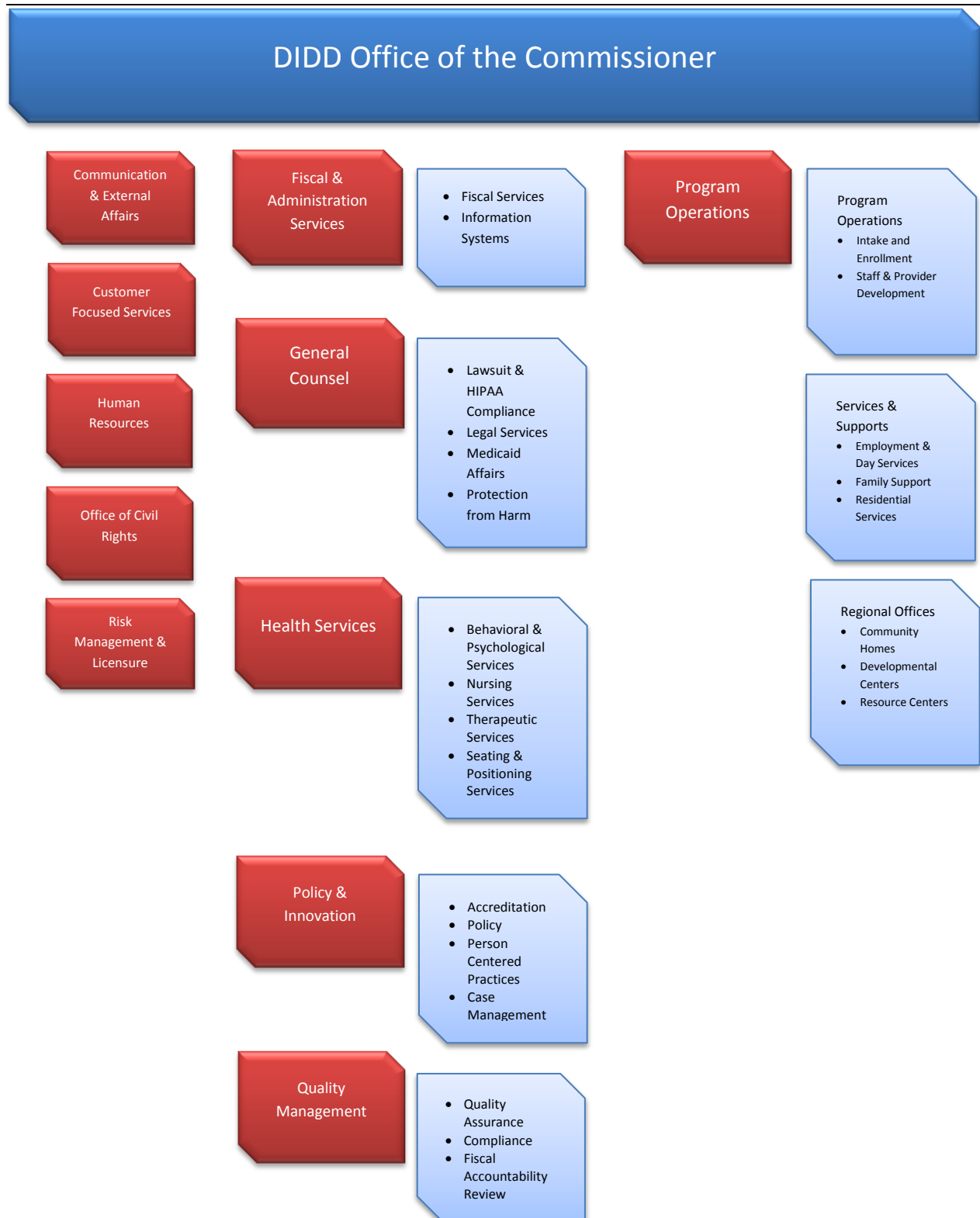
Tennesseans Supported

Chart 1: Persons Supported in DIDD Funded Programs





DIDD Organization





DIDD Office of Communications and External Affairs

The Office of Communications and External Affairs handles daily stakeholder communications, interdepartmental communications, and participates as an active member of the Governor's Communications and Legislative offices. Additionally, the office provides publications management, talking points/briefing documents, as well as DIDD website design. DIDD Office of Communications and External Affairs is the point-of-contact for all legislative inquiries, requests from news media outlets (both print and broadcast), and questions from the public and families regarding the Medicaid Home and Community Based Services (HCBS) Waiver programs. The unit is also responsible for coordinating departmental special events, public relations campaigns, and accommodating any requests to tour its developmental centers or community homes.

Communication and Media Relations

The Director of Communications is the primary point of contact for all media inquiries. The Communications Director is also responsible for tracking and fulfilling all public records requests. FY2013-2014 brought an increased interest in DIDD's roles and responsibilities. During the fiscal year, DIDD responded to approximately 80 media inquiries from local newspapers, and both local and national television outlets. In addition, it handled approximately 40 public records requests from both media organizations and private citizens. During the fiscal year, at least 92 separate stories were written about the Department of Intellectual and Developmental Disabilities. This represents a massive increase in media requests, records requests and stories about the department from prior years.

Outreach to Families

DIDD considers family outreach a key component to success in positive relations with the community. Staff is dedicated to provide outreach and training to special educators, people supported, family members, and to respond to legislative inquiries. DIDD participated in statewide special education and advocacy forums, statewide disability conferences, summit fairs, and resource and transition cooperatives. Staff is available for presentations and training upon request by any entity seeking information about DIDD and its services.

One hundred and nine statewide family training sessions, resource, and transition fairs were held, with an overall attendance of at least 1,000 people. These events provide instruction for people seeking services on how to access the DIDD service delivery system. The forums provided information on what people and their families should expect from their assigned state case manager when placed on the DIDD waiting list. DIDD staff also presented additional community resources, such as information on support groups and links to websites that would be of use to them.

DIDD responded to 598 federal and state legislative inquiries and 414 citizen inquiries, more than double the amount of legislative and citizen inquiries in FY2012-2013. No additional staff was added to handle the surge in requests. All inquiries are researched and followed-up with an e-mail and/or phone call within 24 hours. Inquiries are followed until resolution is reached.



Communication and Legislation

In April of 2014, **SB1769/HB1672** became law. The Sunset Bill as enacted extends the Department of Intellectual and Developmental Disabilities to June 30, 2018. It also clarifies requirements for background checks on persons who apply to work with persons receiving developmental disability services.

Other bills that effect people with ID/DD that passed this legislative session were:

SB1047/HB1279 The bill creates an applied behavior analyst licensing committee of the board of examiners in psychology. The practice of behavior analysis in the state of Tennessee is hereby declared to affect the public health, safety, and welfare of citizens of this state. To assist the board of examiners in psychology in the performance of its duties, there is hereby established the applied behavior analyst licensing committee to protect the public from; the practice of applied behavior analysis by unqualified persons and unprofessional, unethical and harmful conduct by behavior analysis practitioners. No person shall represent to be or function as a behavior analyst or assistant behavior analyst in this state unless such person holds a valid license issued by the committee. The committee shall also regulate the practice of applied behavior analysis. The bill took effect July 1, 2014.

SB1815/HB2326 The bill increases the penalty for patronizing a prostitute under age 18 from a Class E felony to a Class A felony; increases the penalty for patronizing a prostitute with an intellectual disability from a Class E felony to a Class B felony; specifies that it is not a defense that the subject of the offense is a law enforcement officer or that the victim of the offense is a minor who consented to the offense. The bill took effect July 1, 2014.

SB1852/HB1768 The bill elevates from a Class E felony to a Class D felony the penalty for knowingly abusing, neglecting or exploiting an adult who is unable to manage his or her resources or carry out the activities of daily living due to mental or physical dysfunctions or advanced age. The bill took effect July 1, 2014.

SB2538/HB2257 The bill creates an autism spectrum disorder task force to study and make recommendations to the General Assembly regarding ways to improve access to programs and services for early screening, diagnosis, and treatment of autism spectrum disorders in this state. The task force will include individuals from the General Assembly, Health Care Professionals, Advocate groups, and State Government. The taskforce is charged with certain tasks including; assess the current and future impact of autism spectrum disorders on the residents of Tennessee and assess the availability of programs and services currently provided for early screening, diagnosis, and treatment of autism spectrum disorders. The taskforce will submit its findings and recommendations for potential legislation to the Governor and the members of the General Assembly in the form of a written report on or before January 15, 2015, and every January 15 thereafter, until January 15, 2017, at which time the taskforce will cease to exist. The bill took effect May 22, 2014.

SB1770/HB1569 The bill revises various provisions of law regarding the purchase of goods and services from persons with disabilities. It extends the state procurement program of selected commodities and services from qualified work centers serving blind individuals and agencies serving individuals with



severe disabilities. The new law lowers the percentage of persons with disabilities to non-disabled 75% to fifty-one percent (51%) in the actual workforce. Furthermore, it requires the central nonprofit agency to contract with agencies serving individuals with severe disabilities, to work with other entities to identify blind and other individuals with severe disabilities for the man-hours of direct labor required for the production or provision of the commodities or services, and to provide supports necessary for their safe, productive and integrated employment.

DIDD Speakers Bureau

The Communications and External Affairs Speakers Bureau facilitated speakers at the request of community organizations. Speakers were provided for seven groups to educate the public regarding conservatorship, person-centered practices, medical trends for persons with developmental disabilities and disability employment. Approximately 230 individuals attended these events, nearly doubling the total attendees from last year. Surveys completed by those in attendance yielded positive feedback for the speakers.

Publications Management

The Office of Communications and External Affairs is responsible for maintaining the DIDD website and providing promotional materials to the public or for internal notifications. Staff has oversight of the publication of promotional materials including state logos, DIDD slogans, brochures, fliers, and posters for all DIDD programs. The ongoing weekly newsletter, *Open Line*, is published weekly on the website. The purpose of the newsletter is to keep DIDD providers and the public informed of issues that are relevant to stakeholders.

Accomplishments

- Continued prompt stakeholder communication, in light of a surge in both media, legislative and constituent requests.
- Establishment of a website, video and newsletter for Project Titan, the department's ongoing IT effort.
- Participated in an awareness tour in Northeast Tennessee in conjunction with the departments of Children's Services and Mental Health and Substance Abuse Services.
- Continued Communications Planning and Education through:
 - Facilitation of the DIDD Speakers Bureau
 - Initiation of public relations campaigns
 - Accommodating requests to tour DIDD Intermediate Care Facilities: Greene Valley, Clover Bottom, the Harold Jordan Center and the community homes in each region.
- Participated as an active member of the Governor's Communications and Legislative offices, serving as designee contact for all legislative inquiries.
- Maintained positive relations with media outlets and contacts



DIDD Office of Customer Focused Services

The Customer-Focused Services (CFS) Unit is a division of advocacy and resource for persons supported and their families. The unit assists in improving quality care, supports, and DIDD's delivery system in order for the people to have improved quality of life. The CFS Unit has two main components: advocacy and complaint resolution. The unit provides conflict resolution interventions, education, and mediation for DIDD staff working with provider agencies, and other external stakeholders to address issues and concerns related to persons supported. The unit also tracks and trends any identified systemic patterns in complaint issues in order to work toward resolution.

The unit is comprised of seven employees statewide. The director, assistant director, and regional coordinators provide assistance for persons supported, their legal decision-makers, families, and/or concerned citizens. The CFS Team contributes by listening, advising, guiding, and networking on the person's behalf. CFS staff helps, when requested, in the following ways:

- Attend COS and Person-Centered Planning meetings as advocate;
- Provide Statewide Focus Groups as a forum for Self-Advocacy;
- Provide Conflict Resolution Training and Services for those requesting assistance (i.e., facilitate meetings, use Person Centered Planning tools, etc.);
- Provide a trained mediator according to the Tennessee Courts Rule 31: Alternative Dispute Resolution (ADR) for those seeking mediation; and
- Collaborate on behalf of persons supported with DIDD representatives and stakeholders to address issues and finding resolutions.

The CFS Unit responds to all filed complaints. All formal complaints are entered into an excel database known as COSMOS. Intervention is provided until resolution is achieved. Issues addressed include communication, health, environmental, training, decision-making, treatment, financial, human rights, etc. Issues relating to services are also included.

Data

- Statewide, DIDD received 200 formal complaints, which is a decrease of 88 complaints filed in the prior year. The complaint analysis is as follows:
 - One-hundred and ninety-eight of the 200 formal complaints were resolved in 30 days.
 - Seventy percent (70%) were filed by conservators and/or families related to staffing issues (i.e., supervision, communication, treatment, training);
 - Seventeen point five percent (17.5 %) of the complaints were from People Talking to People surveys; and
 - Twelve point five percent (12.5%) of the complaints were from the individuals, concerned citizens, and advocates.
 - The CFS team increased advocacy and conflict resolution interventions throughout the state which is indicative that appropriate proactive advocacy activities have been instrumental in reducing the number of formal complaints.



- The Conflict Management training created by one East TN coordinator and presented to DIDD and providers' staff across the state, during the previous year, has been a correlative decline in formal complaints (30%) in the past year.

Accomplishments

- Being responsive to the requests and needs from families, providers, and individuals supported, the CFS Unit started a second Focus Group in West TN (Jackson area). The first meeting was held on 8/28/13.
- Statewide Focus Groups participation more than doubled from FY2012-2013 to FY2013-2014.
- In February 2014, TennCare recognized the DIDD CFS Unit for five consecutive years (2009 – 2014) of resolving complaints in 30 days at 99%. Of note, CFS' complaint resolution benchmark is ninety percent (90%).
- Effective March 2014, the CFS staff in Middle TN began supporting family members and persons residing at Clover Bottom Developmental Center.
- The assistant statewide director became a member of the Tennessee Government Leadership Council to work on Customer Focused Government for DIDD.
- One East TN coordinator (Rule 31 Mediator) became a certified Ombudsman.
- Conservatorship education forums for DIDD families and stakeholders were presented in East TN region.
- As a result of assistance, interventions, and guidance of the CFS staff, there were numerous success stories of individuals supported. To name a few: decrease and/or elimination in target behaviors; learned employment skills; individuals have become better self advocates; individuals have been appointed to the Commissioner's Advocacy Council and to Regional Human Rights Committees; individuals have learned to cook; have enrolled in college, etc.



DIDD Office of Civil Rights

DIDD's Office of Civil Rights (OCR) monitors compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, age, and disability in programs or activities that receive federal financial assistance. The following federal regulations are monitored by DIDD OCR:

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, or national origin;

Title VII of the Civil Rights Act of 1964, prohibits discrimination in employment;

Subtitle A of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, [both] regulations prohibit discrimination against otherwise qualified people on the basis of disability;

Title IX of the Education Amendments of 1972, prohibits discrimination on the basis of sex (gender) in federally-assisted education programs;

Section 508 of the Rehabilitation Act of 1973, prohibits discrimination on the basis of disability in electronic information and technology in federally-assisted programs and activities.

OCR carries out its stated mission through conducting individualized inquiries and follow-up on issues, voluntary dispute resolution, mediation services, compliance reviews, policy development, and providing technical assistance to ensure understanding of and compliance with federal non-discrimination laws and regulations.

People Talking to People Program

DIDD contracts with The Arc of Tennessee to conduct consumer experience surveys for people supported in DIDD residential and community programs. The Arc of Tennessee developed a survey called "*People Talking to People*" (PTP) in which face-to-face interviews are conducted with people supported and the people who know them best. PTP employs 27 part-time interviewers across Tennessee. Twenty of the 27 interviewers have diagnosed disabilities including Cerebral Palsy, Dilated Cardio Myopathy, general disability from military service, mental illness, Intellectual Disability, Polio, Spinal Muscular Atrophy, and Traumatic Brain Injury. PTP is an innovative program to assure quality services for the people who receive them. PTP is leading by example to promote a more inclusive and integrated local and statewide community, while continuing to better the support service system as a whole.

Data for July 2013 - October 2013

PTP interviewers conducted 485 validated consumer directed interviews during the reporting period.

Respect/Dignity: Ninety-eight point seven percent (98.7%) report that others treat them with respect.

Access to Care: Ninety-seven point six percent (97.6%) report needs met in areas such as personal assistance, equipment, and community access.



Community Inclusion: Ninety-five point two percent (95.2%) report they can participate in activities and events outside their homes when and where they want.

In the middle of FY2013-2014, Tennessee joined the National Core Indicators (NCI) along with 40 other states and the District of Columbia. NCI is a program of the Human Services Research Institute, and its Adult Consumer Survey is used to assess satisfaction with ID/DD services in Tennessee. In October 2013, PTP was trained to administer the National Core Indicators Adult Consumer Survey. The results for FY2013-2014 are available at <http://www.nationalcoreindicators.org/>, and are comparable to the data of other NCI member states. Beginning in February 2014, PTP completed 408 face-to-face NCI Adult Consumer Surveys before the end of June 2014. In FY2013-2014, PTP completed a total of 893 face-to-face interviews with individuals receiving support services through the Department of Intellectual and Developmental Disabilities.

Volunteer State Health Plan (VSHP) Select Community Nurse Case Management-Consumer Satisfaction Survey

The PTP program also conducts over-the-phone consumer satisfaction surveys with people receiving nurse case management through Volunteer State Health Plan, Inc. (VSHP). VSHP is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company BlueCross BlueShield of Tennessee. Founded in 1993, the Chattanooga-based company focuses on managing care and providing quality health care products, services, and information for government programs.

Data

PTP interviewers conducted 749 telephone interviews with people receiving VSHP Select Community Case Management Services. The following data reflects what the interviews revealed.

Arlington Waiver

- Ninety-six point eight percent (96.8%) report the Nurse Care Manager answers health care questions.
- Ninety-six point eight percent (96.8%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-six point eight percent (96.8%) report the Nurse Care Manager services are helpful.
- Ninety-six point five percent (96.5%) report they know how to contact their “Select Community” Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-six point one percent (98%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management.

Non-Arlington Waiver

- Ninety-five point six percent (95.6%) report the Nurse Care Manager answers health care questions.



- Ninety-five point three percent (95.3%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-six point one percent (96.1%) report the Nurse Care Manager services are helpful.
- Ninety-five point nine percent (95.9%) report they know how to contact their “Select Community” Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-six percent (96%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management.

Accomplishments

- OCR received and reviewed 220 Title VI Self Surveys from DIDD service providers.
- OCR conducted 31 Respectful Workplace Investigations during the reporting period.
- OCR conducted 35 Step One Appeal Hearings.
- OCR conducted 17 Written Warning Reviews.

Success Story

On, April 26, 2014, two PTP interviewers prepared for their mid-afternoon wedding. Little did they know that their story “Wedding Takes a Village for Couple with Cerebral Palsy” was featured in Nashville on *The Tennessean’s* website: <http://www.tennessean.com/story/news/local/2014/04/25/wedding-takes-village-couple-cerebral-palsy/8154327/>. The national media *USA Today* picked up the story for national publication. It appeared in on social media sites being posted on over 400 Facebook pages and posted on Twitter hundreds of times.

The couple met at The Arc of Tennessee office; both working as part-time interviewers for the People Talking to People project. Their relationship became more than co-workers as the couple began dating and knew marriage was in their future. Through the support and help of friends, the Arc staff, and board members a wedding was held and the couple achieved their dream.

PTP continues to show people with disabilities gainfully employed in their communities, and shows staff and others that people with disabilities can have professional and personal relationships, as well as the responsibility of a job important to assess and safeguard the dignity and rights of those being served by Tennessee’s Department of Intellectual and Developmental Disabilities.



DIDD Office of Risk Management and Licensure

The Risk Management unit within the Office of Risk Management and Licensure responds to and evaluates allegations involving civil and criminal misconduct and fiscal mismanagement arising from a statewide network of over 400 DIDD community providers. This unit also responds to any allegations involving departmental operations and performs comprehensive annual evaluations and audits of Regional and Central Office functions. DIDD organizational units subject to assessment include state operated homes, Resource Centers, Regional Offices and Developmental Centers. Compliance is evaluated against contract mandates, policy requirements, the Bureau of TennCare guidelines, state statute, and federal Medicaid regulations.

In May of 2012, Governor Haslam recognized that DIDD "...has jurisdiction and control over the intellectual and developmental disabilities facilities of the state, regardless of the names by which the facilities are known." and that "Licensing of these facilities shall be the responsibility of the Department of Intellectual and Developmental Disabilities under Title 33, Chapter 2, Part 4." DIDD began assuming responsibility of licensure responsibilities at that time.

The Licensure unit within the Office of Risk Management and Licensure maintains an office in each grand region of the state. These offices ensure that 206 licensees providing services through more than 650 different licenses are compliant with applicable life safety and programmatic standards.



DIDD Office of Fiscal and Administrative Services

Fiscal and Administrative Services facilitate the operations of DIDD by providing Central Office fiscal support, budget development, contract development and execution, information technology support, facilities management, and specialized services for DIDD HCBS Medicaid Waiver providers as well as general TennCare-related business support. These functions are necessary to support the oversight and multiple programs of DIDD for the benefit of Tennesseans who have an intellectual or other developmental disability.

Accomplishments

- Closed FY2013-2014 on time and within budget.
- Continued meeting with the contract review committee to review provider contracts and recommend ending any contract that is no longer useful.
- Continued the process for all staff to create SMART performance plans and develop interim and annual evaluations within state-established timeframes.
- Successfully integrated the DIDD payroll program into the Office of Administration.
- Migrated the East Tennessee Regional Office and the West Tennessee Regional Office at Jackson to the new IPT telephone system.
- Successfully migrated all DIDD computers to Windows 7.
- Implemented Titan Phase 1.A.—Intake Process including Waiting List.
- Developed a variety of forms and data accumulation methodologies to introduce increased efficiencies in such diverse programs as Family Support, Family Satisfaction Survey, and Accreditation.
- Installed wireless network access in four locations.
- Successfully collected outstanding accounts receivable attributable to the Council on Developmental Disabilities' federal grants.
- Reviewed and restructured the DIDD Chart of Accounts to provide DIDD management with more timely, reliable, and relevant data, information, and reporting.
- Began construction on the last three ICF homes in East Tennessee which are nearing completion.
- Renovated two state-owned homes to accommodate the new Intensive Behavioral Residential Services program.



DIDD Office of General Counsel

DIDD Office of General Counsel represents DIDD on civil service and human resource issues; handles all DIDD hearings before administrative law judges; maintains and litigates all provider sanctions appeals cases and abuse registry cases; and assists people and their families in obtaining conservators in compliance with court ordered provisions. Staff also assures DIDD compliance with statutory and regulatory requirements, advises DIDD staff on legal matters, and provides interpretation of statutory provisions applicable to DIDD, which includes appropriate legal measures to be taken. Further, the unit also provides litigation support for interagency matters, drafts and reviews department contracts, provides legislative assistance, and oversees the Medicaid Affairs Unit, the Director of Federal Lawsuit Compliance and compliance with federal HIPAA statutes.

Federal Lawsuit Compliance and HIPAA Compliance

The Federal Lawsuit and HIPAA Compliance Director works directly with the Attorney General's office to monitor compliance with federal lawsuits. This position also oversees compliance with federal HIPAA regulations and acts as the Tennessee Quality Initiative (TQI) Director.

Arlington Lawsuit

DIDD completed the Arlington lawsuit Exit Plan on October 31, 2013. It was approved by United States District Court, Western District of Tennessee Chief Judge McCalla on January 15, 2013. An Order Granting Joint Motion to Vacate all Outstanding Injunctive Relief and Dismissing the Case with Prejudice was issued by Judge McCalla on December 4, 2013.

The dismissal is a result of many people working diligently to accomplish the numerous and often difficult tasks set forth in the Exit Plan established in December 2012. Under the agreement, the state enrolled a small number of additional people in the Arlington class to receive home and community based services, provided additional efforts to assist class members in nursing homes to transition to the community, and unveiled plans to demolish the former residential cottages on the Arlington campus.

On December 5, 2013, Tennessee Governor Bill Haslam announced that after 21 years of litigation, federal court Judge Jon Phipps McCalla of the U.S. District Court, Western Division dismissed the lawsuit.

GVDC & Clover Bottom Lawsuit

The Quality Review Panel (QRP) issued their 2013 Annual System Review of Community Services, Settlement Agreement Compliance Report on December 16, 2013. The QRP conducted Annual System Reviews of Clover Bottom Development Center and Harold Jordan Center on September 9, 2013 and Greene Valley Developmental Center on January 28, 2013. The Panel noted compliance in a significant number of areas for all three centers.

On May 19, 2014 United States District Court for the Middle District of Tennessee, Nashville Division issued an Order assigning Magistrate Judge Griffin to begin mediating the matter.



Health Insurance Portability and Accountability Act (HIPAA)

During 2013, one HIPAA breach of unsecured protected health information was filed with the U.S. Department of Health & Human Services. HIPAA Compliance reminders were sent to all DIDD Providers and DIDD staff on separate occasions. HIPAA Confidentiality signs have been distributed to staff to cover protected health information on desktops. Confidentiality Statement are signed by new employees and filed in their personnel files. Additionally, all employees are required to complete an annual HIPAA computer training (RELIAS).

Medicaid Affairs Unit

The Medicaid Affairs Unit addresses different areas regarding Medicaid funded services. This unit is responsible for DIDD's application and representation in the Grier Revised Consent Decree and the Preadmission Screening Resident Review process for people either enrolled in or seeking services in programs DIDD offers.

Grier Revised Consent Decree

Grier began as a federal class action lawsuit filed in U.S. District Court on behalf of present and future Medicaid recipients under the name **Daniels v. White**. It claimed that Tennessee's Medicaid Program violated the requirements of the Medicaid Act and the 14th Amendment to the U.S. Constitution. The original Plaintiffs asserted that Tennessee's Medicaid Program failed to provide them with adequate notice and procedural protection upon denial of their claims. These issues were resolved through a consent decree in 1986.

On October 26, 1999, the Grier Revised Consent Decree was entered as the result of a settlement conference. It became effective on August 1, 2000. Primarily, the Grier Revised Consent decree outlines compliance requirements for those entities contracted under the Bureau of TennCare to provide services, which includes DIDD (services receiving federal funding either in whole or in part). It also offers procedural protection to waiver recipients who have experienced a denial regarding these services. DIDD provides Medicaid Waiver funded programming, thus is under Grier compliance requirements.

Data

- Service denials averaged at four percent (4%), which is a two percent (2%) decrease compared to last fiscal year. Thus, ninety-six percent (96%) of service requests were approved.
- There was a statewide average of 11 hearings held with the Bureau of TennCare per month.
- There were a total of 20 directives received statewide for the fiscal year.
- Two-hundred appeals were received statewide.

Preadmission Screening Resident Review (PASRR) Process

The Federal Nursing Home Reform Law, Omnibus Budget Reconciliation Act of 1987 (OBRA), requires that a Preadmission Screening Resident Review (PASRR) evaluation be completed on all people prior to admission to a Medicaid-certified nursing facility (NF). In accordance with the Rules of the Tennessee Department of Finance and Administration, the Bureau of TennCare, General Rule 1200-13-01-.02(132), March 2012 (Revised), all person-centered PASRR evaluations must properly identify and determine the



health care and rehabilitative treatment options that promote quality of life for people with intellectual disabilities and related conditions. DIDD is bound by these regulations to assist in evaluations and service placement for people who have intellectual disabilities.

Accomplishments

- For FY2013-2014, 4,976 Long Term Care (LTC) TennCare Pre-Admission Evaluation System (TPAES) DIDD PASRR/PAE Level II referrals were signed and completed.
- For FY2013-2014, 454 onsite DIDD PASRR Level II evaluations were completed.
- December 19, 2013: Completed the PASRR Staff in Region IV (Atlanta) 3rd Conference Call of 2013 with the Centers for Medicare and Medicaid Services (CMS).
- Completed the PASRR Technical Assistance Center (PTAC) Continuing Education Credits sponsored through the Amedco and Mission Analytics Group for the Centers for Medicare and Medicaid Services (CMS). The following PASRR specialty training areas were completed:
 - July 9, 2013: Claiming the seventy-five percent (75%) Match for PASRR
 - September 10, 2013: A Look at PASRR Related Appeals
 - October 8, 2013: Person-Centered PASRR
 - November 12, 2013: Five PASRR Conundrums
 - March 11, 2014: Quality Monitoring in PASRR: Measures and a New Tool
 - April 8, 2014: Promising PASRR Practices: Indiana and Arkansas

Money Follows the Person (MFP)

The Money Follows the Person (MFP) Rebalancing Federal Demonstration Grant was established by Congress under Section 6071 of the Deficit Reduction Act (DRA) of 2005. The MFP Demonstration Grant helps states develop long term services and supports that are person-centered and community based, rather than institutionally based and provider driven. The MFP-DIDD participants are simultaneously enrolled in the MFP and in the DIDD Waiver for a participation period of 365 days. This provides opportunities for DIDD Waiver eligible people living in ICF/IID facilities and nursing homes to transition to qualified community-based residences. The MFP Demonstration Grant ensures implementation of the integration mandate of the American Disability Act (ADA) of 1990 as required by the Olmstead (1999) decision.

Accomplishments

- For FY2013-2014, the MFP-DIDD Program successfully transitioned 15 persons from ICF/IID and nursing facilities to home and community based settings with services and supports.
- For FY2013-2014, completed 12 monthly MFP-DIDD Conference Calls with the DIDD Regional Offices and the Bureau of TennCare.
- November 20, 2013: Completed the MTRO MFP-DIDD training.
- December 5, 2013: Completed the Bureau of TennCare Office of Contract Compliance and Performance Tracking Tool (OCCP) Training at the Clover Bottom Developmental Center.



- January 15, 2014: Completed submission of the Office of Contract Compliance and Performance Tracking Tool (OCCP) MFP-DIDD 4th Quarterly MFP PFH Incident/Investigations Report to the Bureau of TennCare for the Reporting Period November 1, 2013 to January 7, 2014.
- April 15, 2014: Completed submission of the Office of Contract Compliance and Performance Tracking Tool (OCCP) MFP-DIDD 1st Quarterly MFP PFH Incident/Investigations Report to the Bureau of TennCare for the Reporting Period: January 1, 2014 to March 31, 2014.
- June 30, 2014: Completed submission of the MFP-DIDD Section E. Semi-Annual Report to the Bureau of TennCare for the Reporting Period: January 1, 2014 to June 30, 2014.

DIDD Protection from Harm

The DIDD Protection from Harm (PFH) system is a key component in the Department's commitment to the safety and welfare of persons supported. PFH is comprised of two areas: Incident Management and Investigations. Incidents reported by contracted providers, private intermediate care facilities and DIDD-operated intermediate care facilities are entered into a database by Central Office staff. Incomplete or inadequate incident reports generate follow-up inquiries by DIDD personnel. Investigations are opened for reports or allegations of abuse, neglect, exploitation and for cases involving serious injury of unknown cause, suspicious injury, and unexpected or unexplained deaths. Incident data is utilized by the State and Regional Quality Management Committees and DIDD management for a variety of purposes including focused training, technical assistance for providers, identification of trends in incident type and frequency, monthly, quarterly and yearly comparisons.

The PFH Investigations unit is comprised of 46 investigators statewide, including an Investigations Coordinator in each of the three regions, the Director of Investigations and administrative staff in the Central Office. During FY2013-2014, a total of 2,268 investigations were completed. To augment the investigation process, DIDD utilizes an Abuse Registry Review Committee (ARRC), which is comprised of both DIDD personnel and persons outside the Department, to review referred cases for placement of substantiated individuals on the State's Abuse Registry. Of those offenders whom the ARRC refers for placement on the Registry, the cases of those who request a hearing are referred to the DIDD Office of General Counsel for disposition.

Accomplishments

- The Director of Incident Management was honored by selection for membership in the Tennessee Government Management Institute (TGMI).
- Fifteen protocols covering many operations of the PFH unit were developed and approved by the Commissioner.
- The position of Quality Assurance Analyst was established for the purpose of review and evaluation of Final Investigation Reports and conducting file audits.
- A comprehensive QA tool for evaluation of investigation reports was developed and implemented.
- Chapter 7, covering Protection From Harm, became effective March 14 as part of the new Provider Manual.



- PFH management participated in quarterly provider meetings across the State as well as quarterly PFH meetings with providers and conferences with PFH personnel statewide.

Incident Management

All contracted providers are expected to have in place internal procedures and requirements to ensure the prompt and accurate reporting of incidents involving persons supported, and to respond quickly to such incidents to protect the vulnerable persons in their care. Incidents that are reportable are listed in Chapter 7 of the Provider Manual and include allegations of abuse, neglect and exploitation as well as serious injuries of known or unknown cause, suspicious injury, death, missing person and specified medical, behavioral and psychiatric incidents.

Providers are required to utilize internal incident management processes to review incidents at regular intervals and to take steps designed to prevent similar occurrences. Identification of at risk persons, analysis of trends and patterns, and implementation of strategies and procedures to reduce risk are important provider management-level responsibilities.

Accomplishments

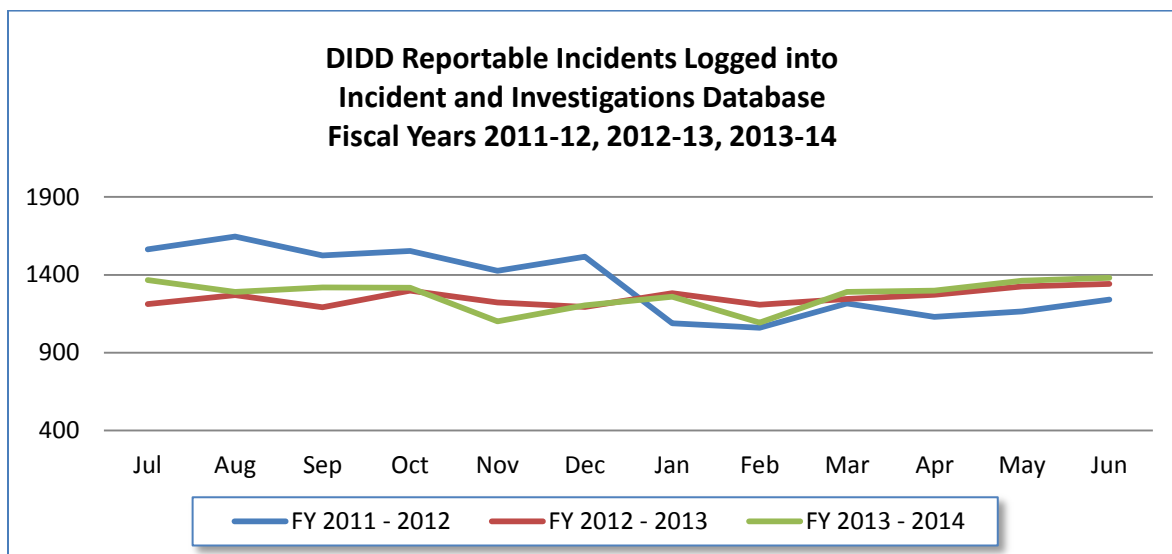
- The position of Assistant Director of Incident Management was established and filled.
- The process of monthly data review and analysis of reported incidents, interventions and investigations was streamlined, and a protocol to document the process was created.
- An annual data entry review process was established for Central Office Incident Management staff focusing on issues, problems and best practices associated with the incident database.
- The Director of Incident Management attended two weeks of management training sessions as a member of the TGMI class of 2014.
- The Director of Incident Management attended quarterly PFH meetings with providers in all three regions which included review of regional and state data for incidents reported, trends and patterns.



Data

Chart 2: Reportable Incidents Logged

There were 15,287 reportable incidents logged into the DIDD Incident & Investigations database in FY 2013-2014. The following graph illustrates the monthly patterns of incidents reported to the Department for the last three fiscal years:



Investigations

Investigators are located in each of the three regions of the state and are supervised by the Investigations Coordinator. The Investigations unit responds quickly to reports and allegations of abuse, neglect and exploitation by caregivers. Quality and timely investigation reports are produced which are useful to the responsible providers in reducing risks. Investigations data are monitored on a quarterly basis by the State Quality Management Committee. The Investigations unit also works to remove abusive individuals from positions as caregivers to vulnerable persons through referrals to the State's Abuse Registry.

Accomplishments

- Direct supervision responsibility for the Investigators is now vested in the regional Investigations Coordinators.
- A process for determining other possible employment by alleged perpetrators with DIDD-contracted providers was incorporated into the investigation process.
- Modification of the Investigation Summary was made which allows the summary to be used by providers in unemployment hearings and for other purposes.
- The home visit requirement in an investigation was changed to accommodate providers when the incident occurred at a different location.
- The practice of assigning facility Investigators for public and private ICF/IID facilities was restored.

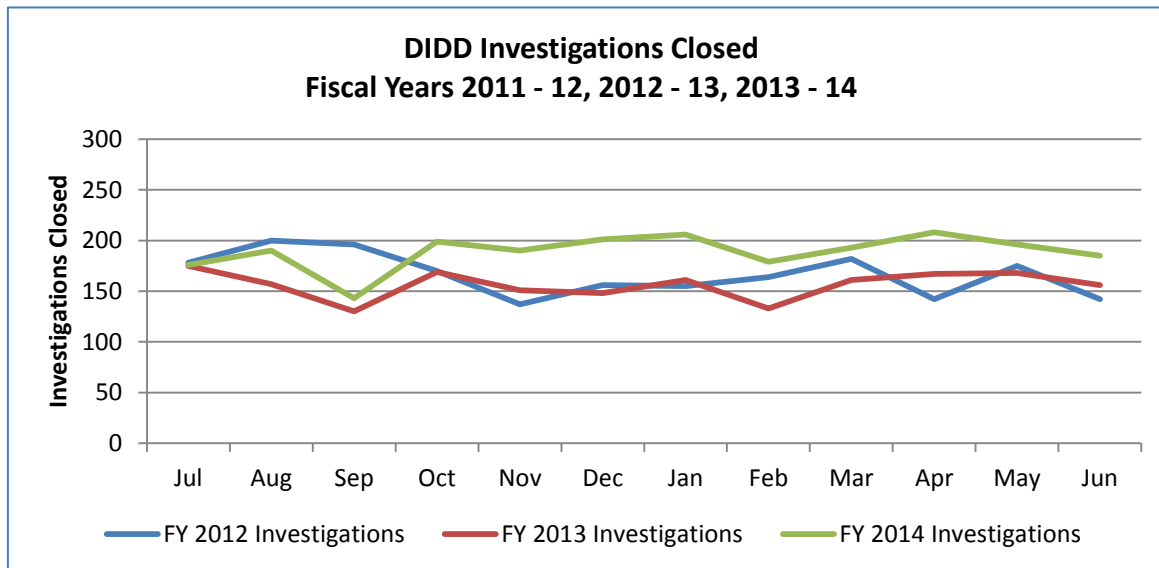


- Intensive training on report writing and quarterly training programs for Investigators were conducted.
- The Statewide Investigation Review Committee (IRC) reviewed 25 final investigation reports during the fiscal year. Of those, 19 substantiations were upheld and 6 were overturned.
- The Clinical Investigator participated in follow-up activities on incidents involving medical or nursing issues and assisted with 86 investigations by providing nursing information and opinion. Referrals of four licensed professionals were made to the Department of Health/Health Related Boards or TennCare. The Clinical Investigator tracked and reviewed all deaths and provided nursing expertise in determining whether an investigation was warranted.

Data

Chart 3: Closed Investigations

Of the 2,268 investigations closed by DIDD regional investigators, 818, or thirty-six percent (36%), were substantiated for abuse, neglect or exploitation. Supervision neglect was the most common type of substantiation. Of the total number of substantiated cases, seventy-one percent (71%) were for neglect, twenty percent (20%) were for abuse (including psychological or emotional abuse) and nine percent (9%) were for exploitation. A comparison of the total number of closed investigations for FY2013-2014 to the previous two fiscal years is below.





DIDD Office of Health Services

The Office of Health Services consists of five broad clinical areas, each represented by a single clinician: nursing, therapeutic services, behavioral and psychological services, assistive technology, and medicine. Therapeutic services include physical therapy, occupational therapy, speech language pathology, audiology, nutrition, and orientation and mobility. Two important clinical disciplines not represented with staff are dentistry and pharmacy. The clinical team is supported by a very capable administrative assistant.

Health Services staff review, approve, and process applications of potential clinical service providers. Incident and investigation reports and death reports submitted by the Regional Offices are reviewed to determine clinical issues to be addressed statewide from a prevention perspective. Limited technical assistance on clinical issues is provided across the state to supplement our regional counterparts in each discipline. An additional role is to educate regional staff, community providers, families and other stakeholders on health issues pertinent to individuals with intellectual and developmental disabilities. Training in the past year has included; monthly behavior seminars, identification of health issues which result in challenging behavior, recognition of signs and symptoms which can signal changes health status, and the use of custom positioning to improve health outcomes.

Health care should be based on evidence based, best practices. However, high quality evidence often is not available because the intellectual and developmental disabilities research is lacking; therefore, together with our clinical colleagues in each of the three grand regions, we provide leadership on determining those practices.

Accomplishments

In January of 2014, the department's three Assistive Technology Clinics were centralized under the Office of Health Services and a Director of Assistive Technology Services was added to the Health Services Team at that time. These clinics specialize in evaluation and fabricating custom seating for wheelchairs and custom positioning equipment. Highly trained occupational and physical therapists assess individual needs and staff skilled in carpentry and electronics design and fabricate the required equipment. The clinicians and fabricators work with local durable medical equipment vendors to order commercial wheelchair frames and components to meet the overall seating needs.

- Implementation of statewide evaluation and fabrication standards in the three Assistive Technology Clinics.
- Implementation of a statewide inventory numbering system for the three Assistive Technology Clinics to improve efficiency of inventory management.
- Completion of Revised Medication Administration for Unlicensed Personnel Curriculum.
- Continued monitoring of mortality systems and Death Reviews for consistency, cross region sharing of information, and identification of opportunities for quality improvement.
- Initiation of the Resource Tennessee project to enhance crisis services across the state using existing resources.



- Implementation of Intensive Behavior Residential Service (IBRS), including: approval of five agencies to provide the service, opening the initial 4 bed homes in Middle Tennessee; establishment of the Clinical Review team, best practices, operating procedures and initiation of risk assessment procedures.
- Facilitation training of 10 DIDD personnel and 15 mobile crisis staff using the START model.
- Facilitation Cross-Systems Crisis Plan training for 10 DIDD personnel.
- Development of the Work Product Review (WPR) tool to measure quality of behavior analytic services and automated templates for use by behavior analysts in the completion of work products.
- Implementation of a statewide standardized contract to be used with colleges and universities for clinical affiliation partnerships with DIDD for allied health students.
- Establishment of nutrition internship partnerships with Lipscomb and Vanderbilt Universities to build exposure in nutrition services to adults with IDD.
- Continued sales of custom molded seating systems, coded through Medicare, to area durable medical equipment vendors for individuals seen in the three Assistive Technology Clinics operated by DIDD. Implementation of selling custom fabricated positioning equipment in the same manner.
- Formation of the Behavior Services Advisory Council (BSAC) that collects information about best practices in behavioral health and disseminates to providers. The BSAC conducts ongoing reviews of relevant literature and data regarding psychiatric issues for persons with IDD.
- Review and inclusion of evidence based data from current TNSTART programs in other states to try to reestablish a variant of this service in Tennessee to support people with challenging behavior
- In partnership with the Special Education Department at the University of Memphis to begin development of the Behavioral Severity Index (BSI), a risk assessment instrument that will be used to assess risk for persons in IBRS. Initial piloting of the BSI has shown strong validity for assessing risk for persons with IDD and co-occurring behavioral health disorders and shows a correlation with DIDD incident data.
- Participation on various work groups and committees ensured the voice of the Department contributed to the:
 - TN Autism Planning Council and Autism Summit
 - Select Community Blue Cross Blue Shield Clinical Advisory Panel
 - Vanderbilt Kennedy Center Planning Council
 - Department of Health Child Fatality Review Committee
 - Children's Council on Mental Health
 - Department of Mental Health and Substance Abuse Services Policy and Planning Council
 - TN Obesity Taskforce
 - Commission on Aging
 - Expert Community Mentor for a Belmont Doctoral Occupational Therapy student



Presentations by the Office of Health Services clinicians at conferences included:

- Comcare Conservatorship Conference presentation, “Intensive Behavioral Residential Services”, Nashville, Tennessee, August 14, 2013;
- Members of the Behavior Services Advisory Council presented, “Identification and Management of High-Risk Individuals” at the annual conference of the Tennessee Chapter of the National Association for Dual Diagnosis (TN-NADD) on August 30, 2013’
- Co-presenter, “Health and Well Being”, Leadership Council Meeting, Vanderbilt Kennedy Center, Nashville, Tennessee, September 11, 2013;
- Presented keynote address at Tennessee NADD Conference September 20, 2013, “Healthcare Needs of Persons with Intellectual and Developmental Disabilities”;
- Co-presenter, Casey Family Programs Forum on Improving Safety and Preventing Child Fatalities – Reframing Public Perception, “Safety Systems in Child Welfare”, Denver, Colorado, October 30, 2013;
- Co-presenter, Vanderbilt Kennedy Center Research Ethics Rounds, “Ethical Responses to the Challenges of Health Disparities Affecting People With Disabilities”, Nashville, Tennessee, November 13, 2013;
- Co-presenter, Association of University Centers on Disabilities Health Symposium: Health Care for Adults with Intellectual and Developmental Disabilities, “Developmental Disabilities Health Care E-Toolkit”, Washington, D.C., November 18, 2013;
- Panelist, “Barriers to Medical Care and Communication”, Best Buddy Vandy Med Lecture Series, Intellectual Disability Awareness Week, December 12, 2013;
- Panelist, “Social Care Issues and Strategies”, and “Moving Forward with Strategies and Planning in Tennessee”, Aging, Dementia and Developmental Disabilities State and Community Forum, Nashville, Tennessee, February 7, 2014;
- Panelist, “Social Care Issues and Strategies”, and “Moving Forward with Strategies and Planning in Tennessee”, Aging, Dementia and Developmental Disabilities State and Community Forum, Nashville, Tennessee, February 7, 2014;
- Co-presenter, “Child Death Review: Learning to Increase Safety”, 30th National Symposium on Child Abuse, Huntsville, Alabama, March 25, 2014;
- Invited speaker, “Clinical Masters” Combined Internal Medicine-Pediatrics Conference Series, Vanderbilt School of Medicine, Nashville, Tennessee, April 3, 2014;
- Invited speaker, “Intensive Full day Workshop: Adults with Intellectual and Developmental Disabilities: Everything I Wanted to Know About Physical and Behavioral Health Issues”, Michigan Mental Health and Aging Conference, Michigan State University, East Lansing, Michigan, May 6, 2014;
- Presentation, “Easy Changes for More Satisfying Medical Appointments”, Tennessee Disability MegaConference, Nashville, Tennessee, May 29, 2014;
- Co-presenter, “Improving Access to Health Care for People with Disabilities with the E-Toolkit”, Tennessee Disability MegaConference, Nashville, Tennessee, May 29, 2014;
- Panelist “Enhancing Family Medicine Training”, American Academy of Developmental Medicine



and Dentistry, 12th Annual Education Conference, Princeton, New Jersey, June 16, 2014.

Publications by the Office of Health Services clinicians

- “An e-toolkit for primary health care of adults”. In I.L. Rubin & A.C. Crocker, *Health Care for people with intellectual and developmental disabilities across the lifespan, 3rd ed.* (in press). I. L. Rubin, J. Merrick, D.E. Greydanus & D.R. Patel (Eds.) Dordrecht: Springer.

Mortality Information

When people who are receiving services throughout the DIDD service system die, there is a process in place to conduct reviews of the deaths. This process identifies factors which may have contributed to the death and recommends necessary preventive measures to improve supports and services for all people who use the service system.

Data related to deaths are collected for each waiver as well as the developmental centers, community homes and ICF/IID facilities funded by DIDD.

The following table identifies the number of deaths for people receiving DIDD services for FY 2013-2014. Not included are those supported in private ICF/IID facilities and Class Members who do not receive services.

DIDD Service Program	Number of Deaths
Arlington Waiver	11
Statewide Waiver	131
Self Determination Waiver	11
State ICF/IID Developmental Centers	9
State ICF/IID Community Homes	6
Total FY 2013-2014	168



DIDD Office of Policy and Innovation

The Office of Policy and Innovation strives to increase the quality of life of people supported by balancing what is important to and for them. The Office of Policy and Innovation works diligently to ensure excellence in person-centered practices through writing and revising policies, and training DIDD staff as well as community providers to implement best practices for person-centered organizations. There are three divisions within the Office of Policy and Innovation. These include: Accreditation, Person-Centered Practices, and Policy.

Policy Division

The mission of the Policy Division is to develop policies, procedures and other guiding documents necessary for day-to-day operation of DIDD and contracted providers that are person-centered and focus on improving the quality of life for all Tennesseans with intellectual and developmental disabilities.

Accomplishments

- The Division of Policy reviewed, edited, and published 13 departmental policies and procedures to the DIDD internet and intranet web site not including the Provider Manual which is the Department's main policy document.
- The Division of Policy received and processed 105 requests for exemptions to Departmental policy.
- The Division of Policy was responsible for leading the Provider Manual Re-write project. The Provider Manual was revised and streamlined from 544 pages to 223 pages. The Division was also responsible for facilitating a public meeting to hear feedback on the draft Provider Manual on October 1, 2013 and coordinated preparation of public comments tracking sheet and drafting of responses to 350+ comments. Upon approval of the Provider Manual, members from the Division developed the roll-out Power Point presentation and participated in regional Provider Manual Roll-Out meetings (February 12, 13 and March 6).
- The Division of Policy was responsible for facilitating a public meeting on DIDD Rate Methodology Rules on 8/16/13 and coordinated preparation of the public comments tracking sheet and drafting of responses to all comments.
- The Division was responsible for chairing the Statewide Waiver Reengineering Committee and coordinating the Committee's activities. The Committee evaluated the State's three 1915(c) Home and Community Based Services Waivers, analyzed best practices in the field of ID/DD services and supports, and developed a final report containing recommended amendments to the State's waivers. The Committee's recommendations were shared with the Bureau of TennCare, who was represented on the Committee.

Person Centered Practices

DIDD made great strides in becoming a person centered system and moving the initiative to providers. The Person Centered Organizations (PCO) initiative being implemented across the country; is also an international effort to promote enhanced systems that improve personal outcomes for the people



supported. Working alongside the Council of Quality Leadership (CQL), DIDD has incorporated person centered practices into the DIDD service delivery system.

With the development of Person Centered Units in both the Central Office and each Regional Office, providers have direct access to training, mentoring and assist in developing methods to becoming a PCO.

In becoming a PCO, strategies are identified that assist organizations to become more person centered in their practices. Organizations learn to use the person centered tools/skills for solving problems and to achieve organizational goals and outcomes. The process supports organizations in becoming more efficient in their work while helping the people who use their services have lives they desire.

A PCO consists of Coaches (agency middle managers, senior direct support professionals, ISCs, case managers) and Leaders (self-advocates, agency senior managers, state management personnel, agency board members, family members, and ISC directors). Both groups work collectively to modify and implement changes to policy, practice, infrastructure, and rules that impact person centered practices.

It has become evident that as organizations choose this endeavor, the results are a stronger commitment to excellence and in supporting people in achieving the lives they desire. Every PCO is challenged to examine its supports for the implementation of best practices.

Organizations that fully participate have found that the people they support have better relationships, and are listened to by the people who provide support. There are also fewer crises, and those who provide direct support services feel more valued. Organizations typically notice a change in the organizational culture, which creates a boost in morale.

Providers of residential supports will experience their staff working more closely with Independent Support Coordinators, Advocates, DIDD Central and Regional Office staff, and ancillary providers during this process. The groups complete training, receive support and on-the-job learning and implement Person Centered Tools. They work together to identify barriers within the system that affect Person Centered Practices, and once the barriers are identified the groups work together to begin action planning to remove the barriers.

The regional Person Centered Planning units are available to assist people with “Person Centered Planning” meetings. The Units will facilitate the meeting as a neutral party for a person supported. The planning meeting utilizes Person Centered Thinking skills/tools to help with barriers that are identified. If a person is interested in using this system for personal planning, a referral form is available on the DIDD website.

Accomplishments

- The Third Annual Tennessee Gathering, a conference for person centered practices, was held at Paris Landing State Park in Paris, Tennessee. There were an estimated 130 participants at the gathering. The theme was “Self-Direction: Finding Our Own Way.” Self-Advocates from across the state facilitated the gathering, and assisted in various break-out sessions held over the two day event.



- There are 20 credentialed Person Centered Thinking trainers statewide. Tennessee now has four Mentor Trainers. Mentor trainers will help to develop more trainers across the state. The mentor trainers are currently in the process of accepting applications for new Person Centered Thinking trainers. The plan is to start eight new Person Centered Thinking trainers on the Person Centered Thinking Training Track this fall (2014).
- There are 15 credentialed People Planning Together trainers (self-advocates). There were six classes held across the state. Ninety-seven people participated in the classes. The goal is to have more self-advocates trained to become People Planning Together trainers. We are in the process of identifying People Planning Together trainer candidates, so that we can credential new trainers. The goal is to train at least 2 new People Planning Together trainers for each region within the state. The DD Council continues to provide funding for the People Planning Together trainers. The funding provided covers all travel expenses, and a daily stipend for the trainers.
- There are approximately 310 Person Centered coaches statewide. Coaches serve as the lead in the implementation of person centered thinking skills. Coaches help to demonstrate how the person centered thinking skills work. We have added approximately 52 additional Person Centered Coaches this year.
- Three new Person Centered Organizations have been added this year.
- We now have a Person Centered Practices Advisory Council. The first meeting was held in January of 2014. The group meets on a quarterly basis, and they make recommendations on how to continue to embed Person Centered Practices within the state system.
- The Assistant Commissioner of Policy and Innovation and the Director of Person Centered Practices presented at the 2014 Reinventing Quality conference in Baltimore, Maryland, facilitating a session on “The Process of System-Wide Change to Person Centered Practices”, with Michael Smull of Support Development Associates.
- The Director of Person Centered Practices attended the International Gathering for Person Centered Practices in Portland, OR, and facilitated two sessions on “How to Change a System to Become Person Centered.”
- There are now Person Centered Practice units located in the three main regional offices. The person centered planning unit staff provides ongoing support to the regional office, as well as to providers.
- Person Centered Thinking Training continues to be offered on a monthly basis at the regional offices. Times and dates for the classes can be found on the DIDD website. The PCT trainers are also available to go to provider agencies and facilitate PCT training, which provides options for providers who struggle to send staff to the trainings at the regional office.

Success Stories

Breanna, 18 years old, came to the Person Centered Practices Unit (PCPU) via referral in September 2013. Prior to her referral, Breanna had been through some tough situations and was unhappy. She had a difficult time communicating what she wanted to those around her.



From the beginning, it became really important that Breanna's meetings be about her and what she wanted, rather than what everyone else preferred. Her Circle of Support (CoS) discussed creative ways that Breanna could learn what she needed to, so she could live with more control over her life. During this process, Breanna learned to tell those around her what frustrated her and more importantly, those around her learned to listen. It became a mutual partnership where Breanna was able to tell staff what she needed and her agency was able to make change for her benefit. As a result of these changes, Breanna says that she has learned to not take her frustration out on others. She is able to share what she learns and how this will help her when or if she becomes upset.

In February, Breanna was invited to speak at the Middle Tennessee Regional Office Provider Meeting about her experiences with person centered practices. She accepted the invitation and worked on her speech for a month. She wanted to make sure she got it right. Standing in front of approximately 120 people, Breanna talked about what had worked for her and some of things that did not work for her. Breanna gave a very moving speech and garnered a standing ovation from the crowd. She acknowledged how difficult the beginning was, but also discussed how much easier it was to work through some of her issues. She explained her staff listened and kept their promises along the way, which is important to Breanna. Her CoS supported her by standing alongside her and discussing how this process has helped Breanna.

Breanna's CoS has also helped her celebrate many milestones along the way, including moving to a new home. This was another item on her list of things 'not working' and it was accomplished. We celebrate Breanna and hope she continues on her path of success!

Gary is known as a kind, fun-loving person and a fantastic cook! His Circle of Support (CoS) describe him as a pleasure to be around and a welcoming host who is sure to offer you coffee anytime you enter his home. Gary transitioned to a Supported Living program in late October of last year. Around the same time, several members of his CoS also changed, which made the transition to a new agency even more difficult for him. Gary was struggling to adjust to his new environment and new support team. His CoS was also trying to adjust to the recent changes, especially where communication, documentation and Gary's medical appointments were concerned. Additional supports were needed to get Gary and his team back on track.

In November 2013, Gary's Independent Support Coordinator (ISC) made a referral for Person Centered Facilitation. Gary and his CoS met with a Person Centered Facilitator monthly from January through March. Together, the team used person centered tools to identify what was important to Gary and what was important for Gary's success and well-being. The team also used What's Working/What's Not Working to determine the barriers preventing effective communication within his CoS. Everyone started to communicate with each other more effectively, which helped Gary get the supports he needed. Gary's direct support staff attended the meetings with him and learned what Gary wanted in his life. This helped his staff provide person centered supports to help him reach his goals.

By the end of March, Gary and his CoS were in a much better place. Gary and his staff rearranged his house to make it more comfortable for him, started exercising and cooked healthy meals together. He



has lost weight and is managing his health in a positive way, attending all his scheduled appointments. In addition, Gary is settling into his new home nicely and enjoying inviting his friends over for a cup of coffee and a homemade meal. Gary and his CoS were also invited to share their success through Person Centered Facilitation at the Provider Directors meeting in May at the Middle Tennessee Regional Office.

Accreditation

In August 2012, the Department embarked on a new initiative called *Network Accreditation: Person Centered Excellence*. This initiative will support the Department to become the first accredited state service delivery system for people with system intellectual and developmental disabilities in the United States. The department signed an agreement with The Council on Quality and Leadership (CQL) which offers consultation, accreditation, training and certification services to organizations and systems focused on person-centered excellence. Since 1969, CQL has been a leader in the definition, measurement, and improvement of quality of life for persons receiving services and supports.

Network Accreditation: Person-Centered Excellence will provide quality improvement by network members, establish community partnerships and strategic planning, and create a framework of sustainability by training state and regional office staff in data collection and analysis, as well as leadership development for self-advocates. Central Office leadership staff and Regional Accreditation Teams have been established to implement this initiative. Accreditation will be complete in 2015 after DIDD and providers participate in a three-year process of capacity-building, data gathering, and network evaluation. Through this initiative, DIDD will become an international model for service delivery.

The Department is the entity who will receive accreditation and will therefore be responsible for developing and implementing a written plan to the Council on Quality and Leadership in order to become accredited. Data collected on people who use services in the form of Personal Outcome Measures and on providers in the form of Basic Assurances Assessments will assist in development of the plan. Basic Assurances® define safeguards from the person's perspective. Published in 2005, CQL's Basic Assurances® include 10 factors and 46 indicators. These Basic Assurances® are a balance between concerns for individual Health, Safety and Security and the necessity of social constructs such as Respect, Natural Supports and Social Networks to ensure sustainable outcomes for people. The Basic Assurances® measures the effectiveness of policy and procedures according to practice, person by person. Official data collection for the accreditation plan began in 2014.

In FY2013-2014, Providers and ISCs continued to host and participate in both Personal Outcome Measures workshops and Basic Assurances training. Data collection for the purpose of the Network Accreditation review began which included Personal Outcome Measures interviews for a representative sample of people using services. Basic Assurances® reviews were also conducted for a representative sample of providers in the DIDD service delivery network. Various focus groups were conducted with the Tennessee Advocate mentors leading those groups across the state.

Accomplishments

- Personal Outcome Measures interviews were conducted with more than 400 people across the state of Tennessee who use DIDD services.



- A representative sample of 26 service providers received a Basic Assurances[®] review as part of the data collection needed to complete the Network Accreditation Reviews.
- The Statewide and Regional Accreditation Advisory Committees continue to meet on a quarterly basis to advise the Department on issues raised as a result of the accreditation efforts.
- Continued training and support for Advocate Mentors allows for people who use DIDD services to learn how to advocate for themselves and others in the service delivery network.
- The DIDD Accreditation team members all received recertification as inter-rater reliable Personal Outcome Measures interviewers.
- Four DIDD staff became Certified Quality Analysts for the purposes of using the data collected about the system to develop a plan for network accreditation.



DIDD Office of Quality Management

The Office of Quality Management includes the functions of Quality Assurance, Compliance, Fiscal Accountability Review (FAR), ICF/IID Quality Improvement and ICF/IID Survey Operations. In addition to these areas, this office oversees the DIDD Quality Management System which exists to provide a comprehensive systemic mechanism for ensuring that people are offered services and supports that are person-centered and of high quality.

The Quality Assurance Unit

The Quality Assurance Unit of the DIDD is responsible for surveying contracted community-based providers to determine levels of performance related to the quality of services provided. Types of providers surveyed include those that provide day, residential, personal assistance, support coordination and clinical services. Survey data collected is used to assist in determining the level of quality across the service delivery system and make decisions about provider viability. This data is also incorporated into the DIDD quality management reports for distribution to interested people.

The survey instruments that are used were developed by DIDD in conjunction with the Bureau of TennCare, the Centers for Medicaid Services and other stakeholders and are based on a set of quality outcomes and indicators that measure performance. Regional Quality Assurance surveyors conduct the surveys.

Data

Quality Assurance conducted and analyzed 186 provider reviews directed toward improvement of services throughout the system. The survey tools continued to focus on ten Quality Assurance Domains and related Outcomes, applied as applicable based upon the type of services an agency provides.

Quality Assurance Domains

- Access and Eligibility
- Safety and Security
- Health
- Relationships and Community Membership Opportunities for Work
- Provider Capabilities and Qualifications
- Individual Planning and Implementation
- Rights, Respect and Dignity
- Choice and Decision-Making
- Administrative Authority and Financial Accountability

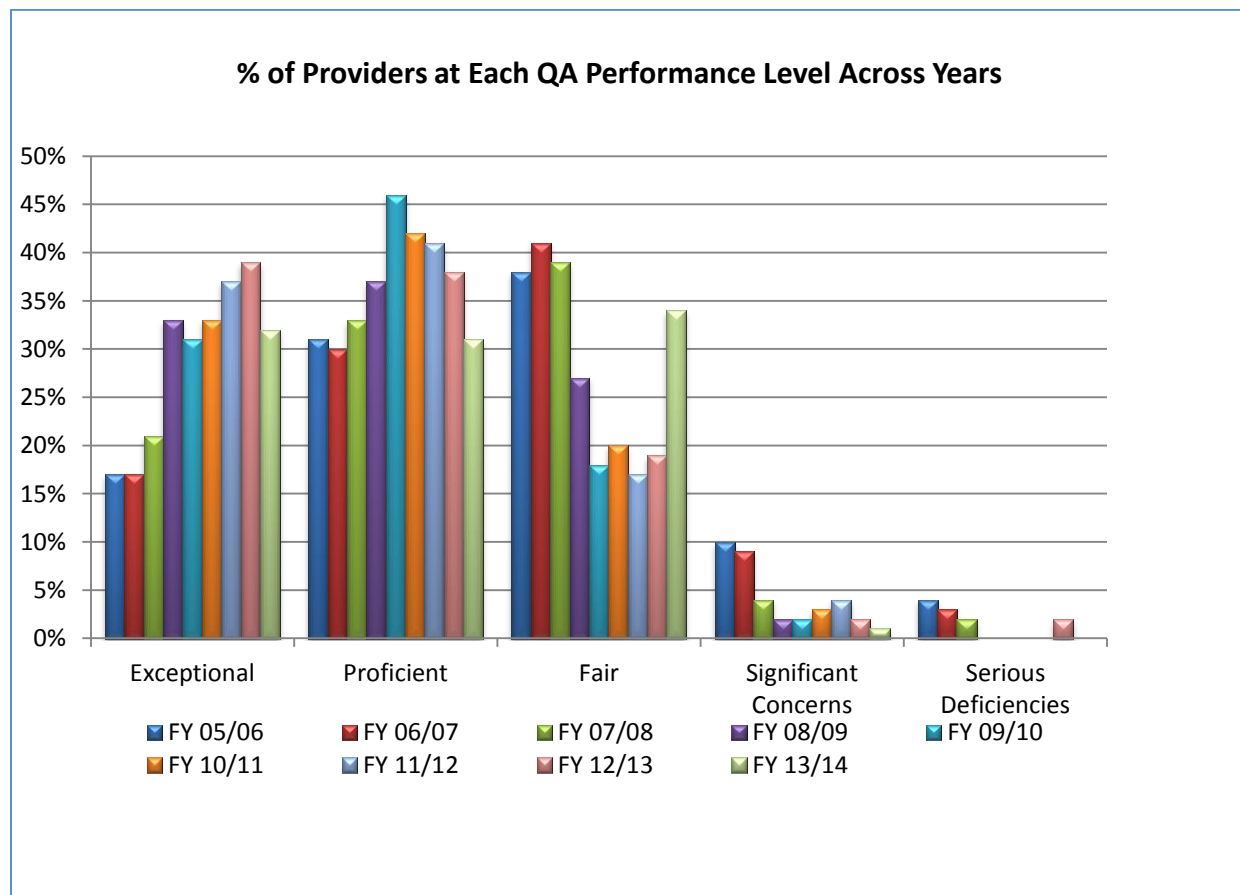
Data obtained from these Quality Assurance reviews is used in a variety of ways including: facilitating positive change, promoting provider improvement and in Departmental planning. Additionally, the QA Unit works with the Office of Risk Management and Licensure to assure appropriate reporting of suspected waste, fraud and abuse of public funding.

Chart 4: Quality Assurance Performance Levels Across Years

Quality Assurance Performance Levels cumulatively across all provider types across multiple fiscal years are in the chart below. Note:

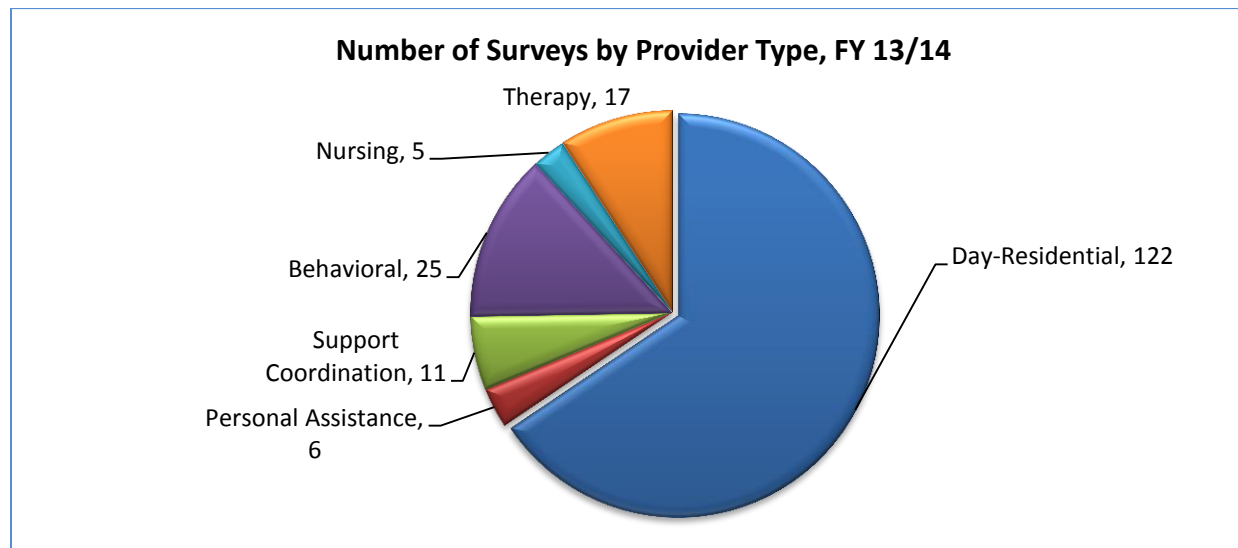


A decrease is noted in the numbers of providers in the Exceptional and Proficient categories of performance. An increase is noted in the number of providers scoring within the Fair level of performance while the number of providers scoring within the level of Significant Concerns is at the lowest across the years shown.

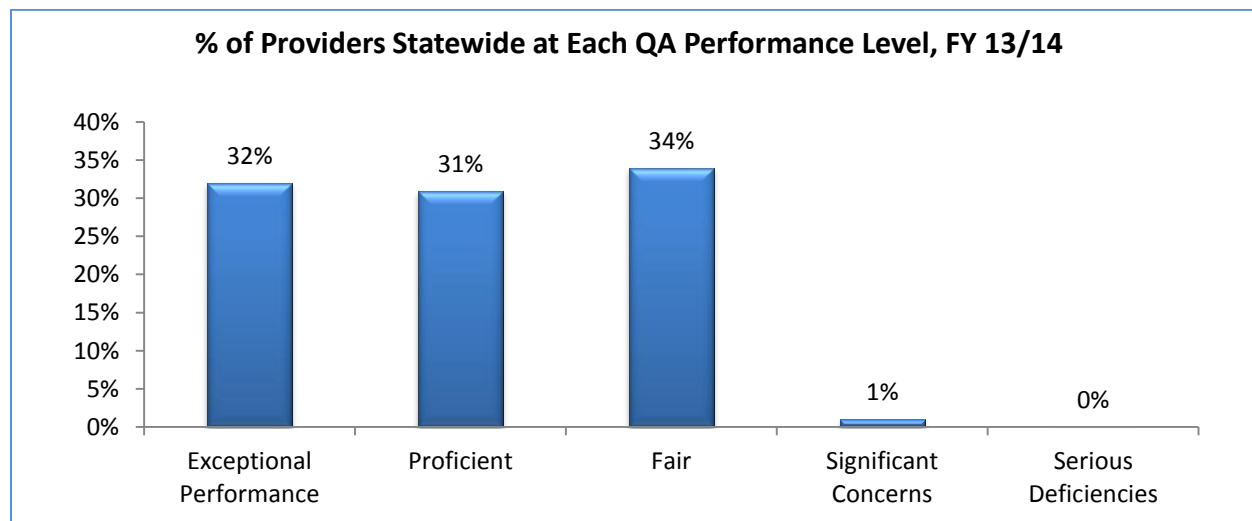


**Chart 5: Number of Quality Assurance Surveys Completed**

This chart represents the distribution of the 186 Quality Assurance surveys conducted among the various provider types in FY2013-2014. Quality Assurance surveys are conducted for the various types of providers annually, except for independent clinical providers (which may be surveyed every three years) and providers achieving either three-star or four-star status, the designation of which allows for these providers to be surveyed every other year.

**Chart 6: Distribution of Performance Levels Across all Provider Types**

For FY2013-2014, the majority of providers performed within the top three levels of performance. The distribution of providers is comparable among the top three levels of QA performance for the FY2013-2014 Fiscal Year.





HCBS Waiver Performance Reviews

The QA Unit is also responsible for conducting individual record reviews to determine compliance with CMS-approved performance measures in the assurance areas of Level of Care, Health and Welfare and Service Plans. During FY2013-2014 the QA Unit conducted 266 reviews, utilizing a random sampling process for each of the three approved waivers.

Success Stories

- A residential/day provider, which supports people in the northern section of the West Region, has a pattern of consistent commendable performance. For the past several years, the agency has achieved Star status each time the eligibility could be granted since 2008. Also, during that time, the provider has been reviewed twice by the Quality Review Panel and on each review, achieved a rating of Substantial Compliance. These achievements have been possible throughout various changes in DIDD policies and requirements, showing quality management at the agency and sound systems.
- A large provider has undergone massive changes in the approach to service provision over the past year, especially in the areas of day services and employment for people supported. The provider has been applauded for its innovations and the involvement of managers in assisting DIDD to develop and implement processes and plans for the Employment First Initiative. The provider has recently opened a new day site to further its efforts to provide more convenient services for people throughout the local area.
- One new agency had multiple issues identified during the Initial Quality Assurance Consultation. When the survey team completed the first annual survey, the agency had taken all the areas identified in the consultation and made changes. The final QA score for this provider was in the Proficient range; the agency is off to a bright start and future as a provider for DIDD.
- A long standing agency has consistently improved over the past three years. The agency has progressed Fair rating to an Exceptional Performance rating.
- An agency who had been on mandated TA for a number of years had realized a performance rating of Proficient in 2013. In 2014, they maintained this level of performance as a result of their continued efforts quality improvement activities.
- An agency had dropped in 2013 to a performance rating of Fair but through quality improvement efforts and partnering with the regional office, they attained a Proficient performance rating in 2014.

The Compliance Unit

The Compliance Unit oversees the collection, analysis and distribution of data related to services and supports provided by DIDD. This includes data about census, waiting list, service authorizations, incidents and investigations, complaints, appeals, quality assurance surveys and CMS performance measures. This unit is also responsible for assuring that all required contract deliverables related to the three waiver programs are submitted to the Bureau of TennCare timely and correctly. During FY2013-2014, at the Bureau of TennCare's direction, the Compliance Unit began to utilize the Office of Contract Compliance and Performance (OCCP) tracking tool for submission of most of the contract deliverables.



The unit also produces the Quality Management Report on a monthly basis. This report is used by DIDD and the Bureau of TennCare management to ensure statewide compliance on an ongoing basis with the requirements of CMS.

The Compliance Unit produces the DIDD Data Management Report (DMR) on a monthly basis. This report is a collaborative report with information submitted by various disciplines throughout DIDD. Data for census, waiting list, service requests and authorizations, Protection from Harm statistics and Quality Assurance surveys are compiled for systems review. The data is also analyzed quarterly for noted trends.

The Fiscal Accountability Review Unit

The Fiscal Accountability Review (FAR) Unit is responsible for conducting monitoring of contracted providers to assure that billing to and payments from DIDD are supported by the provider's documentation of provided services. This monitoring is required for all providers that bill for services in excess of \$300,000 per year. FAR also reviews for compliance with the state's Policy 22 requirements as well as for provider solvency and other special tests such as public accountability, board minutes, Title VI compliance, subcontracting, personal funds and Deficit Reduction Act compliance. Additionally, FAR works with the Office of Risk Management and Licensure to assure appropriate reporting of suspected waste, fraud and abuse of public funding.

Quality Improvement DIDD Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and ICF/IID Survey Operations

The Quality Improvement (QI) section now consists of one deputy director for ICF/IID operations who has supervisory oversight for the new DIDD ICF/IID survey operations team and acts as a liaison for the state operated ICF/IID providers as well the privately operated ICF/IID providers. The DIDD ICF/IID survey team, which was put together throughout 2013, consists of a director, an administrative assistant, and nine surveyors. The ICF/IID director and administrative assistant were hired in March and April 2013 which enabled the director to assist in the interviewing and hiring of the first six surveyors in July 2013. The remaining three surveyors were added in December of 2013.

The ICF/IID survey operations director and administrative assistant are assigned to the DIDD Central Office in Nashville. The ICF/IID surveyors operate in three regions (three staff in East Tennessee, three staff in Middle Tennessee and three staff in West Tennessee). The DIDD ICF/IID survey team is now responsible for the initial and /or annual Medicaid certification of a hundred and seventeen homes operated by eleven privately operated ICF/IID providers. The Tennessee Department of Health (TDH) retains ICF/IID survey responsibilities of the five DIDD state operated ICF/IID providers (Clover Bottom Developmental Center, Greene Valley Developmental Center, Middle Tennessee Homes, East Tennessee Homes, West Tennessee Homes and the Day One unit at the Harold Jordan Center).

To ensure the new DIDD ICF/IID survey team received extensive training in surveying, TennCare contracted with H & W Solutions. H & W Solutions is a nationally recognized company who specializes in ICF/IID training and producing numerous ICF/IID interpretive books and information. After the initial certification course conducted by CMS in August 2013 in Ohio, the new surveyors also underwent several months of rigorous training and mock side by side ICF/IID surveys conducted by expert staff from



H & W Solutions. At the end of the training, all but one employee received the endorsement and recommendation to be a quality surveyor.

In addition to the training by H & W Solutions, the new surveyors accompanied the TDH surveyors to observe reviews being implemented on site at various ICF/IID providers. They also underwent specialty training in physical and nutritional management, mealtime supports, and investigations of abuse, neglect and exploitation complaints and numerous other courses unique to persons with intellectual disabilities.

The DIDD QI deputy director of ICF/IID also provides technical assistance on best practices and communication of current memos issued by the Centers for Medicare and Medicaid Services (CMS) to ICF/IID home providers operated by DIDD, developmental centers and the Harold Jordan Center (HJC). Technical assistance is also rendered for ICF/IID certification and federal court requirements. The DIDD ICF/IID providers and HJC also provide data and trends regarding person centered practices and outcomes achieved. These reports are ultimately analyzed by the ICF/IID deputy director for trends related to the quality of services and supports. Guidance is also provided in the development, revision and/or implementation of policies, procedures and operations in regards to ICF/IID requirements and person centered practices.

Accomplishments

- The DIDD ICF/IID survey team began officially conducting annual certification surveys of privately operated ICF/IID providers on March 1, 2014 as well as follow up reviews on the plans of correction from providers. To date they have conducted 43 annual certification reviews and 11 follow up reviews on plans of correction.
- Two educational meetings were held with the privately operated ICF/IID providers and departmental ICF/IID providers in April and June 2014 on the expectations of an ICF/IID survey and active treatment (services and supports).
- Two additional meetings have been held with the privately operated ICF/IID providers regarding the initiation of a quality rating system for each provider/home. The department shared their initial version of the system should be, and invited the providers for their input. The providers provided feedback and a version of what they would like to see in a quality rating system. The final version will be approved and initiated January 2015, allowing families and conservators to utilize the rating system to find quality providers.

Data

On the following pages are graphs displaying the overall results of the internal quality improvement reports from the DIDD ICF/IID state operated providers and HJC as well as graphs of the ICF/IID surveys conducted by the TDH and DIDD during the past fiscal year. Internal quality improvement overall scores have remained at 90% or above throughout the fiscal year.

The DIDD ICF/IID state operated providers evaluate themselves utilizing key indicators of services and supports in the major areas of health, support planning and implementation, safety and security, rights and respect, community integration, choices and decisions, opportunities for work and day services, and



training. These indicators are also reflective of the outcome measures sought from the Accreditation Council of Leadership and Supports as well as the ICF/IID required regulations.

Please note that the graph for HJC only reflects one quarter evaluated in the past year as the provider had an extremely low census for the fiscal year. The graph for the West TN homes only reflects three (3) quarters as there was a vacancy in the staff position responsible for conducting the reviews.

Chart 7: IQ Scores for Clover Bottom Developmental Center

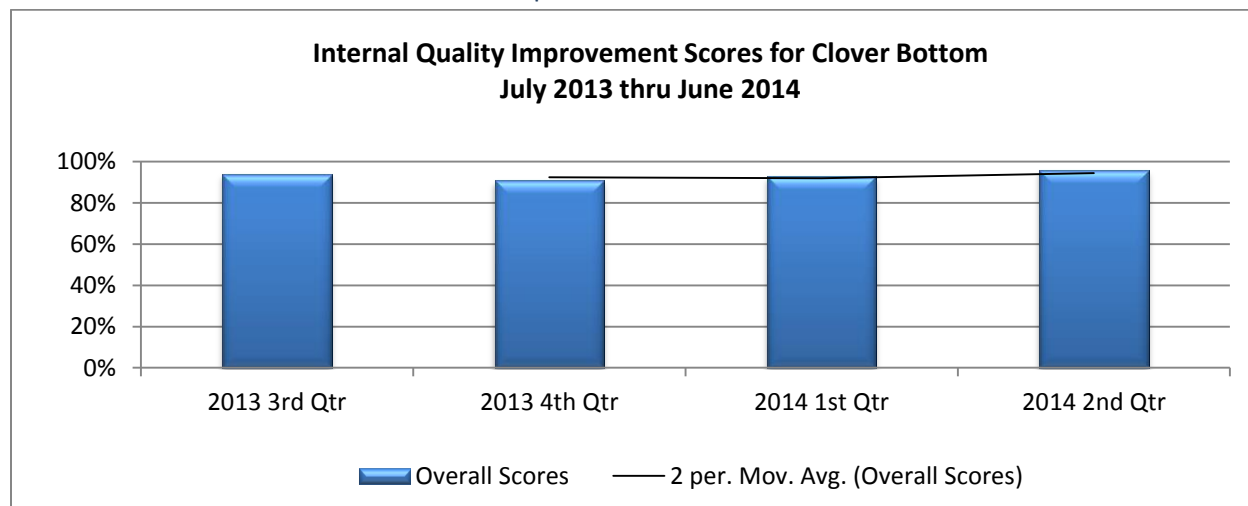


Chart 8: IQ Scores for Greene Valley Developmental Center

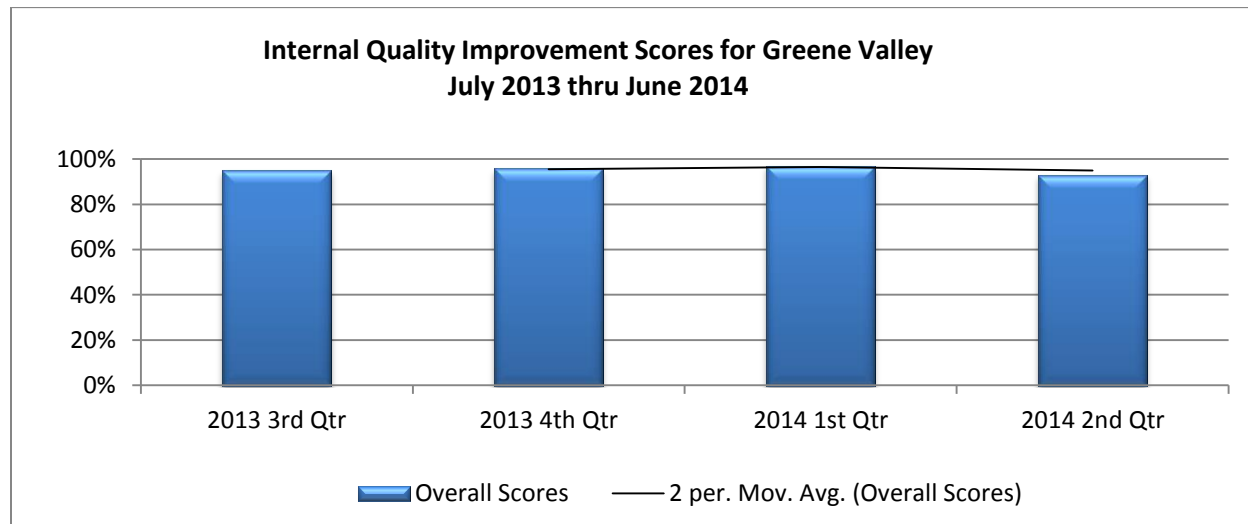




Chart 9: IQ Scores for East Tennessee Community Homes

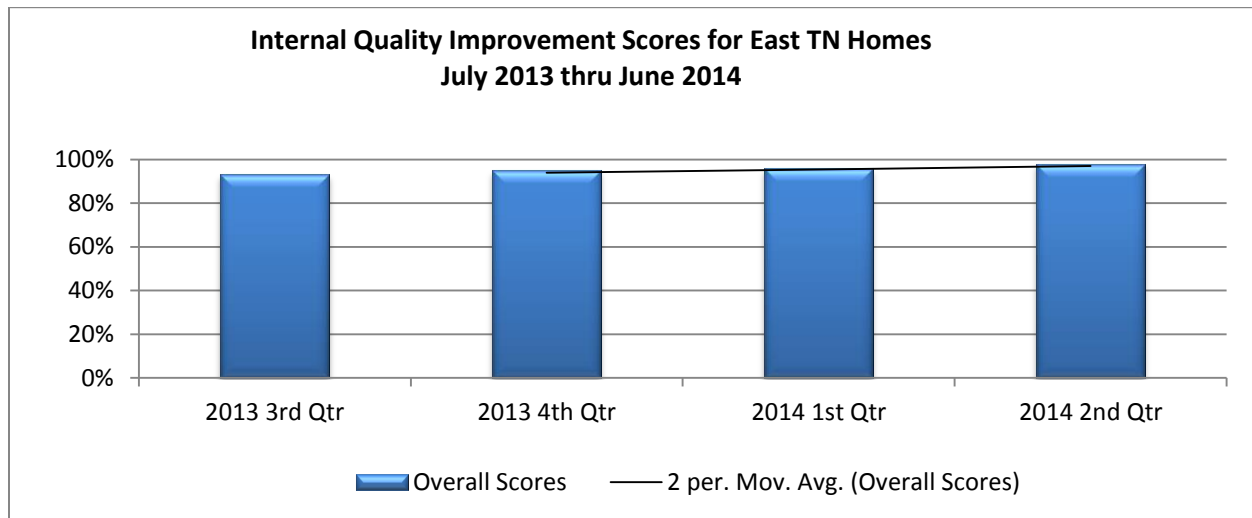


Chart 10: IQ Scores for West Tennessee Community Homes

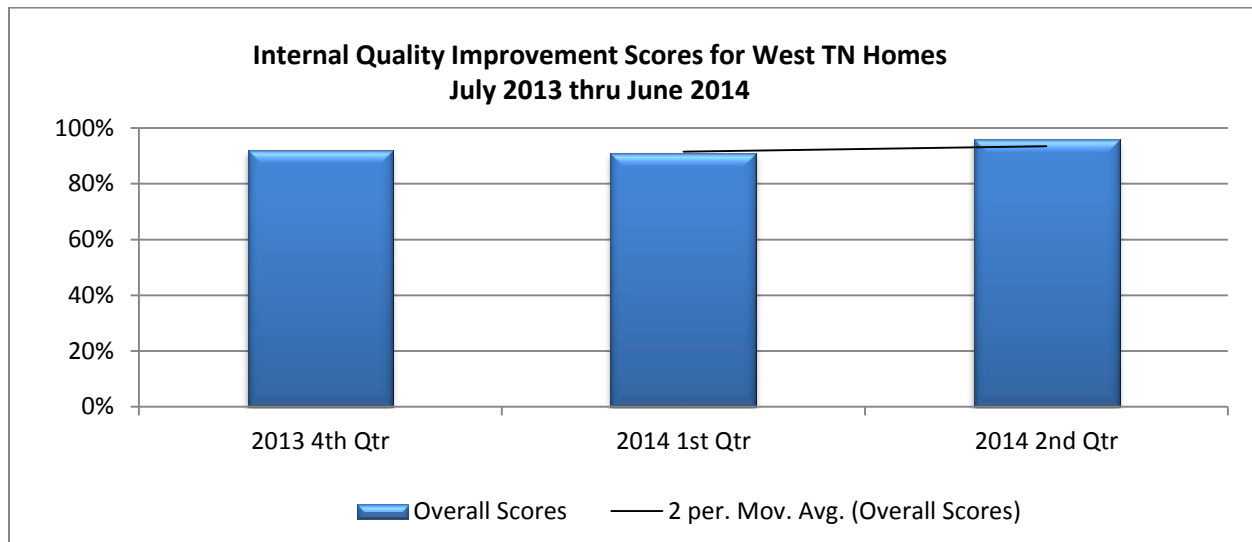
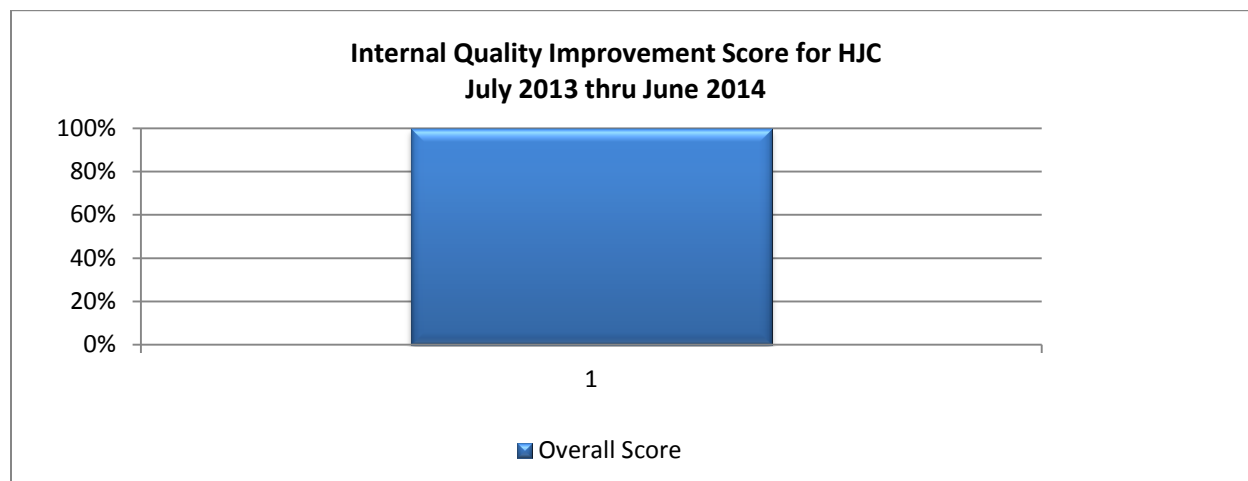


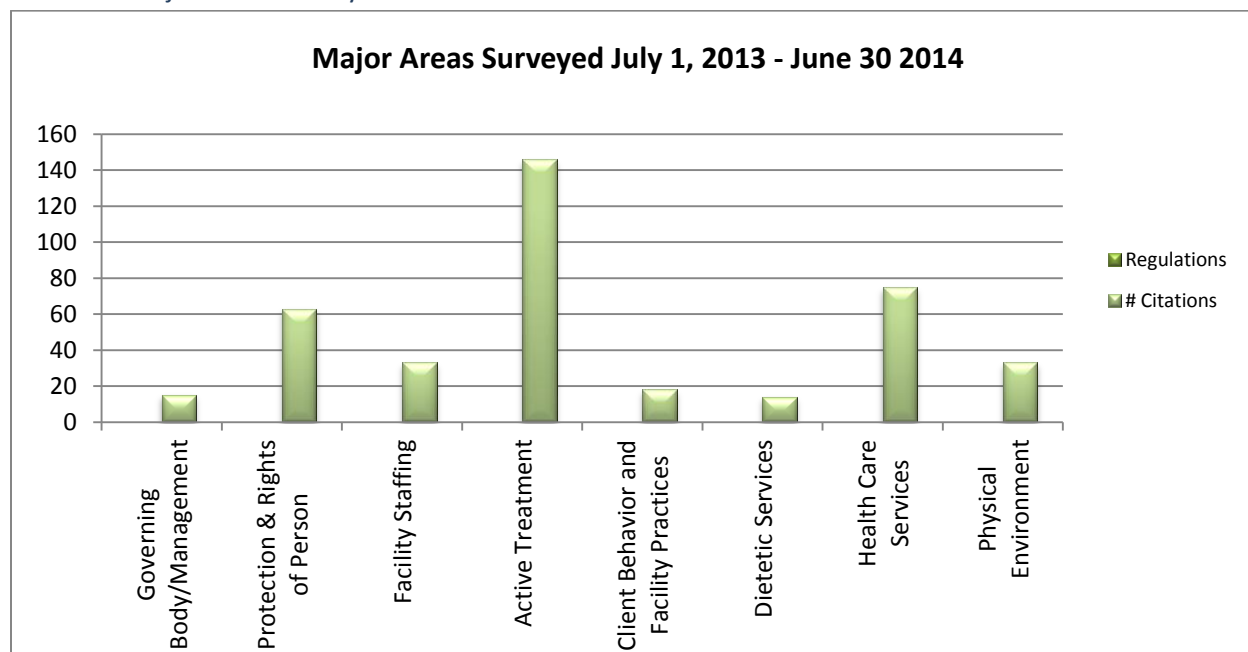


Chart 11: IQ Scores for Harold Jordan Center



Below and on the following pages are graphs of the citations issued by the Department of Health and DIDD when reviewing all ICF/IID providers; privately operated and state operated. W tags represent major areas such as active treatment, health services and supports, behavioral services, protection of rights, protection from harm, conduct toward persons supported and nutritional supports. K tags represent environmental life safety reviews (e.g. fire and disaster drills, electrical equipment, home environmental safety issues, maintenance, etc.).

Chart 12: Major Areas Surveyed FY2013-2014





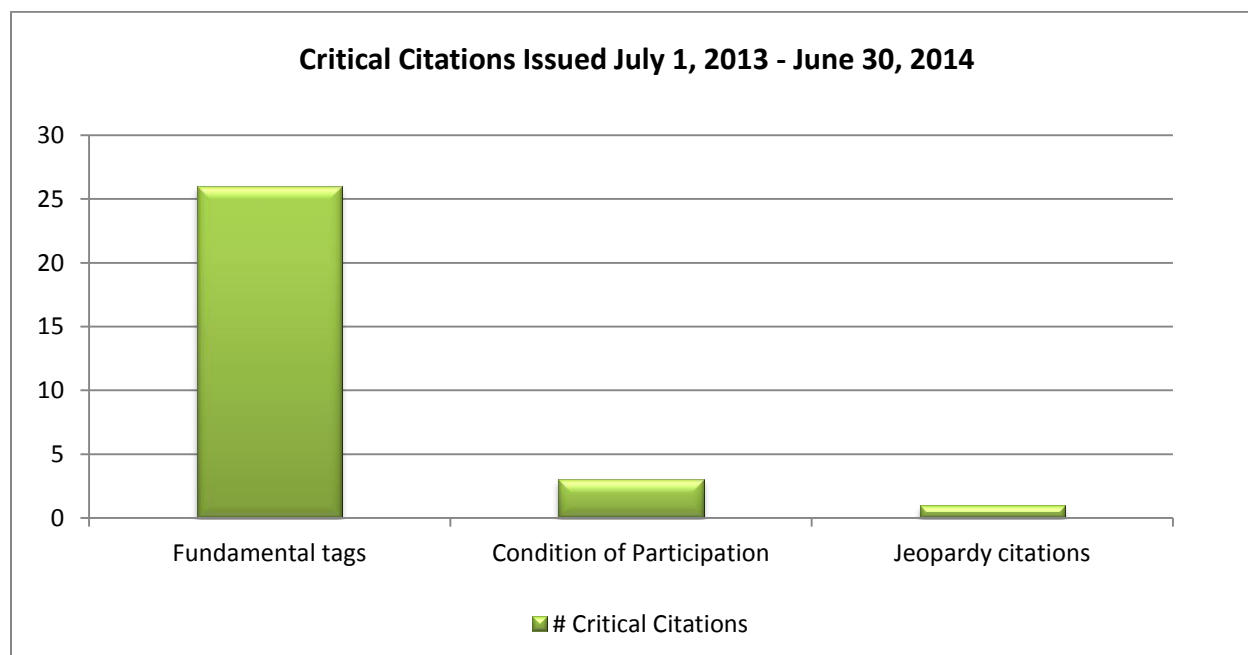
Not only are the regulations divided into eight major areas, but the regulations are also rated according level of importance.

F tags = Regulations or rules for the ICF/IID provider. Fifty five (55) of the four hundred and eighty eight (488) regulations have been identified by CMS as reflecting positive outcomes that should be observed being implemented for individuals supported. These fifty five (55) fundamental tags also align with the measures used by the Accreditation Council on Leadership and Supports. The remaining tags are viewed as the process implemented to meet these outcomes.

CoP = All four hundred and eighty eight (488) regulations (tags) are organized under eight (8) major areas considered conditions of participation for funding in the Medicaid ICF/IID program: (Governing Body W102, Client Protections W122, Facility Staffing W158, Active Treatment W195, Client Behavior and Facility Practices W266, Health Care Services W318, Environment W406, and Dietetic W459). A citation of these tags implies the persons supported are not achieving outcomes nor is there a process in place to support positive outcomes.

IJ = Immediate Jeopardy; there is a high potential for risk of serious harm, injury, impairment or death. Citations at this level indicate that the process systems within the provider have broken to the point that required outcomes for individuals supported are not met.

Chart 13: Critical Citations FY2013-2014





DIDD Office of Program Operations

The Office of Program Operations provides management of the HCBS Medicaid Waiver programs and operation of the state run ICF/IID programs. This unit oversees the DIDD processes regarding provider enrollment, provider management, and provision of technical assistance to provider agencies to ensure compliance with HCBS waiver requirements. The unit also oversees the staff training processes provided by contracted community providers as well as ensuring the initial and ongoing training of DIDD employees. In addition, the unit is responsible for the Intake Process, maintenance of the waiting list, and case management for people on the waiting list.

The unit is directly responsible for the oversight and management of the state funded Family Support Program, the provision of case management to persons enrolled in the Self Determination Waiver; and the operation of DIDD's developmental centers, a Resource Center in the West Region, Assistive Technology Clinics located throughout Tennessee and a number of state-owned and operated community ICF/IID homes which are also located throughout Tennessee

Home and Community-Based Services (HCBS) Medicaid Waivers

As an alternative to services provided in an institutional setting, HCBS Medicaid Waiver programs were developed and are the primary source of supports and services for people with intellectual disabilities who live in the community. DIDD manages three HCBS Waiver programs statewide: the Statewide Waiver, the Arlington Waiver, and the Self Determination Waiver.

The Statewide Waiver and the Arlington Waiver offer residential options providing 24-hour direct support whereas the Self Determination Waiver program does not.

Examples of services in the Statewide Waiver program and the Arlington Waiver program include:

- Support Coordination
- Residential Services (Residential Habilitation, Supported Living, Family Model Residential Support Medical Residential and Intensive Behavior Residential Support.
- Day Services (Employment, Community Based Day, In Home Day, and Facility Based Day)
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Nursing and Nutrition Services, Orientation and Mobility Services
- Respite Services and Behavior Respite Services
- Personal Assistance
- Transportation
- Specialized Medical Equipment and Supplies
- Environmental Accessibility
- Personal Emergency Response System



Tennessee Self-Determination Medicaid Waiver Program

The Self-Determination Waiver program offers services to people with intellectual disabilities who have moderate service needs. A cost-effective array of services complements other supports available to them in their homes and communities. In addition to Case Management services provided by DIDD, people may be eligible to receive the following services through the Tennessee Self-Determination Waiver program:

- Day Services (Employment, Community Based Day, In Home Day and Facility Based Day Services)
- Semi Independent Living Residential Support
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Orientation and Mobility Services, Nursing and Nutrition Services
- Respite and Behavioral Respite Services
- Personal Assistance
- Transportation
- Specialized Equipment and Supplies
- Environmental Accessibility
- Personal Emergency Response System

DIDD Intake and Enrollment

DIDD Waiting List

DIDD manages a waiting list for people seeking HCBS Medicaid Waiver services. Persons assessed are prioritized to receive services based on the most critical of needs (crisis, urgent, active and deferred). Each of the four categories of need have specific criteria applied to a person's unique situation. People in the crisis category are given priority for the HCBS Medicaid Waiver program enrollment. Enrollment is contingent on approved funds available for the program.

FY2013-2014 began with a statewide waiting list of 7,148 people and ended with 6,950 on the list. This was a net decrease of 198 people. At the Regional level, the East Region held the largest portion of the list with 2,521 people, the Middle Region had 2,205 and the West Region had 2,224 people on their list.

Case Management Services

Case Management services are available to people on the DIDD Waiting List. DIDD employees provide Case Management services and information about DIDD programs and supports. In addition, staff provide assistance in completing eligibility application forms, gather information to assess service needs, connect people to generic community services, provide ongoing contact and assistance as needed or requested, and refer people to advocacy organizations and support groups as needed or requested.



DIDD Staff and Provider Development

Staff Development

The DIDD Staff Development Department is dedicated to promote staff growth in basic core competencies and skill enhancement through opportunities utilizing the person-centered foundation too effectively and safely support persons supported with intellectual and developmental disabilities. DIDD is committed to offering provider agencies a wide array of staff development training opportunities that address the balance of person-centered practices, health and safety and TennCare Protocols.

DIDD encourages all provider agencies to utilize staff development opportunities offered through web-based and classroom training venues. DIDD has partnered with a national recognized web-based learning management system, Relias Learning Management System (RLMS), which is offered at no cost to contracted provider agency staff. During FY2013-2014, most agencies used RLMS, while a few continued to use Direct Course, formerly known as the College of Direct Support (CDS). The transition to RLMS occurred in the spring of 2013 with the number of active learners growing to over 25,000.

Both CDS and RLMS online training programs include accessibility twenty-four hours a day, seven days a week for training and competency-based testing. Both have courses identified to meet the federal and state training guidelines. DIDD strives to offer not only a minimum required curriculum, but also a variety of training topics applicable to the field of development disabilities, rights and choice, cultural sensitivity, person centered thinking, abuse prevention and much more. Interactive training modules are created by nationally recognized experts and updated for best practice. The RLMS provides a seamless transition for course updates within a curriculum when courses are revised or replaced and DIDD keeps updated course information as well as the training chapter of the new provider manual on the DIDD website.

In addition to the online training offered by RLMS, this material can also be utilized in a classroom setting. DIDD creates, updates, and approves training materials used in classroom settings. Some training manuals and power point presentations are posted on the DIDD website for families and other interested parties. Staff development worked with subject matter experts to provide web site resources on Title VI and medication administration by unlicensed personnel. These training materials are located on the family services and clinical web pages within the DIDD website.

DIDD's Regional Office Staff Development units provided many classroom training opportunities, promoted through calendars posted on DIDD's website. Classes are offered monthly and upon request and can be held both at Regional Office locations or provider locations. Classroom training opportunities include the following topics: Employment, Person Centered Thinking, Protection from Harm, Effective Training Techniques, Mealtime Challenges, Seizure Training, and Challenges of Physical Management.

Accomplishments

- DIDD provides access to the Relias developmental disabilities curriculum, including job development, supervisor training, Microsoft Word and Excel, an enhanced training management



platform, and nationally recognized Continuing Education Units (CEU's) for clinicians and direct support staff. Staff Development has ensured the rights for the addition of the ICF/IID staff to participate in the RLMS. This will assist with tracking trained staff to ensure competency based staff are easily identified, as well as reduce training cost.

- The DIDD Staff Development Department completed a comprehensive training curriculum for the implementation of Titan Service Planning Phase 1A. The Staff Development Department organized a state wide training initiative and trained regional staff within a compressed expedited schedule in order for the implementation of Titan to be achieved on May 27, 2014. Titan refresher training has also been conducted in the regional offices to ensure compliance of the Titan System, as well as identifying additional training needs for the end users. The Staff Development Department has created a "Titan Training" web page that consists of documentation of training materials, as well as some interactive training recordings that end users can utilize for additional training on the Titan System. As this is an ongoing project, training updates continue to be posted on the DIDD intranet as we help with testing and managing training topics. We will be continuing these efforts with the continuation of implementation of other Titan Phases.
- Staff Development continues to train all DIDD supervisory staff on Tennessee's Performance Management Process and tracks those classes in the Edison Learning Management System.
- Staff Development continues to work with the Department of Human Resources to implement the LEAN government training resources and the TGMI leadership training to DIDD staff.
- Staff Development, working closely with Regional transition teams, provided additional training to staff transitioning with people who continue to move from Developmental Centers in East and Middle Tennessee into community homes.
- As DIDD policies are written and implemented for the Department and the DIDD ICF/IID homes, the Learning Management System is used for tracking the training of staff on those policies.
- Staff Development continues to increase the use of the Webinar tool for training; thus, helping the Department reduce training costs relative to travel and booking computer labs.

Medication Administration Training

DIDD is committed to assuring that Tennesseans with intellectual and development disabilities receive quality health care and believes that an integral part of healthy support for people we support is to have appropriately trained personnel assisting with medication administration. In accordance with the statutory exemption (TCA 4-5-202 and 68-1-904) granted for unlicensed staff to administer medications, the Department manages a program for training and monitoring the certification of unlicensed staff. In partnership with certified Registered Nurse (RN) trainers and the Protection from Harm Unit, the Department continues to provide assurances that staff are committed to this training and the required certification. Staff Development continues to supervise data collection and the payment of independent and agency trainers of the Medication Administration for Unlicensed Personnel Program.



During FY2013-2014 the program conducted 532 twenty-hour initial classes and 357 eight-hour recertification classes. A training calendar is posted on the DIDD website each month with class information and contact information for registering staff. A total of 9,721 participants were trained and tested by certified RN trainers this fiscal year; which is an increase of more than thirty percent (30%) from last year. The Medication Administration for Unlicensed Personnel Program tested 5,793 provider staff in the 20-hour classes with 4,888 passing both the written and the skills tests. In addition, 3,928 staff were tested in the 8-hour classes with 3,596 passing both tests. The combined pass rate for those medication administration classes was eighty-seven percent (87%).

Chart 14: 20 Hr. 84% Passed

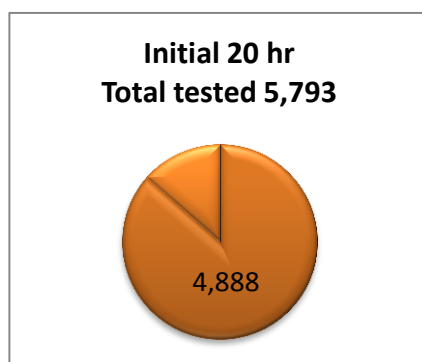
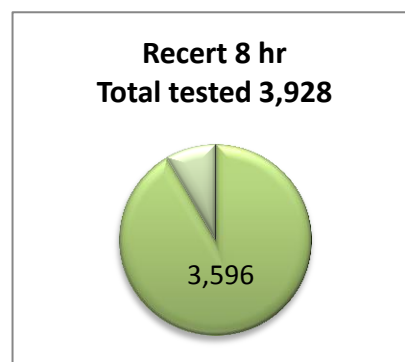


Chart 15: 8 Hr. 92% Passed



Customer Focused Government (CFG) Training

Customer Focused Government – Great People, Great Service expresses that the customer service skill set is mission critical to the success of moving Tennessee forward and transforming the way Tennessee does business. This vision was the cornerstone for Governor Haslam creating a new customer service training initiative. The training promotes a shared definition of GREAT customer service, a shared language for providing service to internal and external customers, and a shared understanding among state employees of how to demonstrate excellent service. DIDD was charged with training all of their employees through active participant involvement and engagement led by Department of Human Resources certified trainers by December of 2013. We met that goal and continue to train new employees.

DIDD Provider Development

The DIDD is committed to assuring that the people that we support have sufficient choices of providers for the services that they are requesting. DIDD shall ensure that all providers of HCBS waiver services and/or state funded services meet all state and federal requirements by a review process. DIDD recruits providers who have the required clinical knowledge, financial stability and successful experience in serving persons with intellectual and developmental disabilities.

Each provider is approved for one or more HCBS Waiver services and may operate in one or more of the three geographic regions of East, Middle or West Tennessee. In addition to DIDD approval, various HCBS



Waiver services may require external licenses or certifications that the provider must obtain. Prior to provision of any HCBS Waiver service, the provider is thoroughly reviewed and approved by DIDD for all required licenses and certifications.

DIDD maintains an updated online DIDD Statewide Provider Directory. The directory is divided by region identifying the name, administrative location, services approved to provide and contact information for the provider.

As of June 30, 2014, DIDD had a statewide network of 432 providers. During FY2013-2014, there were 38 new providers added to the DIDD Statewide Provider Network. In addition, 39 current providers were approved for expansions. Provider expansion applies to any approved DIDD provider who was approved to have an addition of a service and/or a region to their provider agreement. *See the data in Chart 6 below.*

New provider orientation meetings will be conducted for newly approved DIDD providers. Meetings are held regionally for new providers to begin learning the DIDD service delivery system and statutory requirements.

Accomplishments

- During FY2013-2014, DIDD provided ongoing regional new provider orientation. Also, DIDD makes orientation convenient for the Board Chair and Chief Executive Officer/ Executive Director by providing DIDD web-based provider orientation.
- An addition of Applicant Forums in each region was implemented this year for potential providers. This Forum is designed to be an interactive, information session for potential providers that will allow an opportunity for applicants to discuss the application process and provider qualifications.
- In August 2013, to accommodate people we support needing the In-Home Day Service, a new Waiver service, the DIDD providers who were already approved to provide Community Based Day Service were automatically approved by TennCare/DIDD to provide In-Home Day service.
- In December 2013, three new DIDD Agencies were approved to support persons in need of Dental and Specialized Medical Equipment/Supplies and Assistive Technology Services. The agencies are: DIDD East TN Assistive Technology Clinic, DIDD West TN Resource Center and DIDD Middle TN Assistive Technology Clinic. The three agencies are included in the 19 new providers of Clinical services. See the data in Chart 5 below.
- In the spring of 2014, Provider Development implemented a New Provider Application Policy and a new provider enrollment process, which includes open and targeted enrollment cycles. The new process includes the addition of a new provider website designed to educate potential providers on the application process, as well as provide all new provider applications in an electronic format with allows for a paperless trail for the application process.
- Provider Development is involved in assisting DIDD with gathering information for each quarterly Fraud, Waste, and Abuse Report that gets submitted to the Program Integrity Unit at

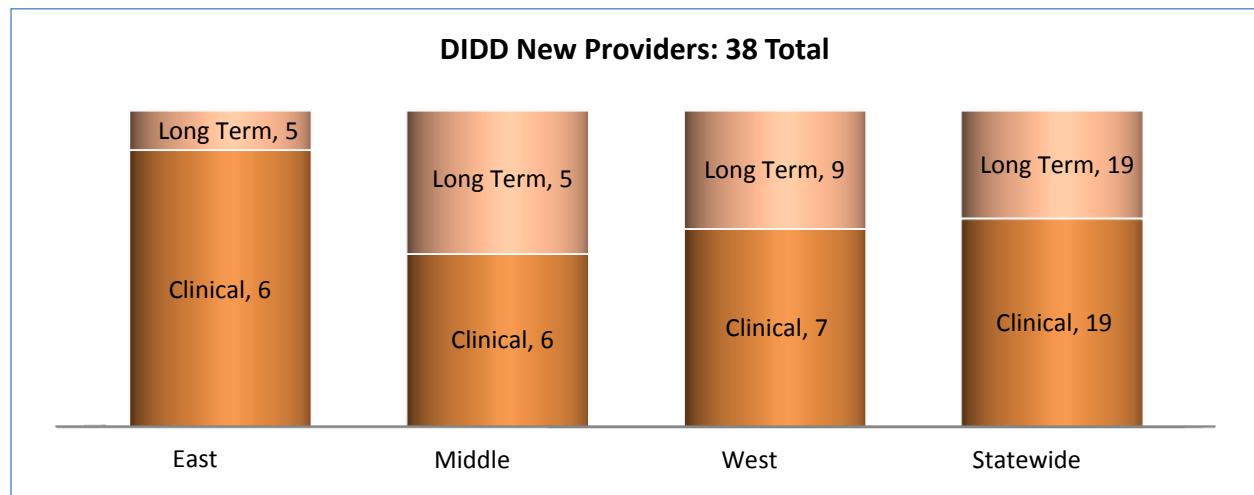


TennCare. The monitoring of the application process for such information allows DIDD to ensure that approved providers have met all of the state and federal requirements.

Data

Chart 16: New Providers

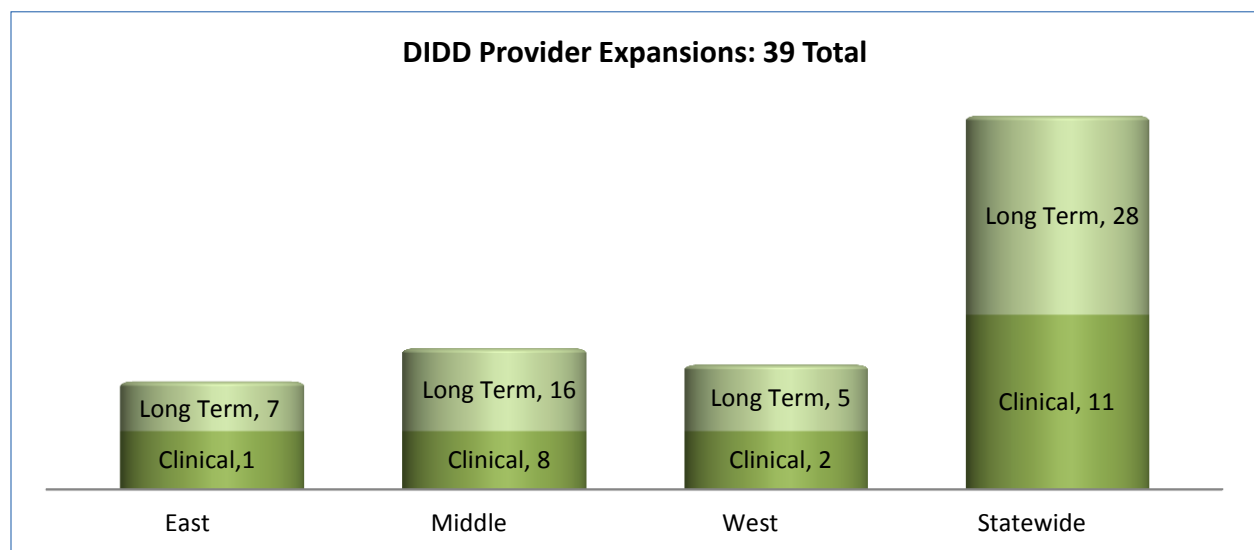
The chart below shows the following data of approved providers by provider type and region:



Many DIDD providers expand operations as people supported start new services and as their needs change. All expansions must be approved prior to service delivery. Throughout the FY2013-2014, there were 39 approved provider expansions.

Chart 17: Provider Expansions

The chart below shows the following data of approved expansions by provider type and region:





DIDD Services and Supports

Employment Supports

DIDD believes in supporting a strong workforce for people with intellectual and developmental disabilities. The Employment First State Leadership Mentor Program (EFSLMP) grant received in April 2012 significantly progressed during FY2013-14. The main goal of EFSLMP is to increase the number of Tennesseans with disabilities that are employed in jobs which are fully integrated in the community. Partnerships with state agencies, such as the Division of Rehabilitation Services, the Department of Labor and Workforce Development, Department of Mental Health and Substance Abuse Services, Department of Education, the Council on Developmental Disabilities continue to be strengthened and maintained as a result of the initiative.

The EFSLMP grant provides training and Technical Assistance (TA) from Subject Matter Experts that have broad experience in policy development, state government, rate reimbursement, Customized Employment, Discovery, parent coalitions, employment services and collaboration with various stakeholders. In addition, to receiving TA from national experts in employment of persons with significant disabilities, Tennessee received mentoring from officials in Washington State, which served as a mentor state for all three Protégé States. The training and TA is provided through opportunities such as in-person capacity building sessions, webinars, agency assessments and thorough review of budgets and other work documents that enable provider agency's to provide integrated employment services.

Tennessee was recently commended on their successes with the Employment First initiative, "ODEP has had the privilege of working with the State of Tennessee in supporting its ongoing Employment First state systems change efforts through our Employment First State Leadership Mentoring Program," stated Kathleen Martinez, Assistant Secretary for the U.S. Department of Labor's Office of Disability Employment Policy. "We have been pleased to see the progress Tennessee has made in just the past three years investing strategically in building provider capacity and aligning public policies to help individuals with significant disabilities obtain and maintain jobs in typical community settings at competitive wages."

In addition to TA and training, the DIDD continues to facilitate the Tennessee Employment Consortium (TEC) on a quarterly basis to gain insight into opportunities and challenges relative to employment for persons with disabilities. Comprised of an array of partners, TEC has served as both a resource and employment advisory board to state partners and the Community Rehabilitation Providers that contract with the DIDD to provide services. The primary focus is to promote employment for individuals who receive services through the DIDD, as well as for all Tennesseans with disabilities. The DIDD is also the central point of coordination for the Ticket to Work program and has worked directly with the Social Security Administration's PASS Cadre to partner in hosting sessions that provided opportunities for learning and networking.

**Accomplishments:**

There were numerous accomplishments during FY2013-2014; however the bullets below are the most significant successes:

- Partnered with Community Rehabilitation Providers to transform their service delivery system from segregated to integrated employment.
- Increased the number of Persons Supported that are in integrated community employment.
- Developed a Memorandum of Understanding with state partner agencies (Department of Labor and Workforce Development, Department of Mental Health and Substance Abuse, Department of Education, Division of Rehabilitation Services, DIDD) to ensure successful transition from departments and enhance employment outcomes.
- DIDD partnered with Disability Resource Coordinators from the Local Workforce Investment Area (LWIA) to conduct presentations and provide training opportunities for submitting Employment Network applications and educating about resources that enhance employment opportunities for Tennesseans with disabilities.
- DIDD collaborated with the University of Tennessee Knoxville to implement a data collection system called the Tennessee Longitudinal Data System. This collection system will collect data such as employee and employer information for Persons that the Department Supports. The participating partner agencies are the Department of Children Service's, the Department of Labor & Workforce Development, the Tennessee Department of Education, and the Tennessee Higher Education Committee.
- Successfully partnered with the Division of Rehabilitation Services to host training on Customized Employment and Discovery for Vocational Rehabilitation staff and Community Rehabilitation Providers throughout the state.
- Partnered with Vocational Rehabilitation to create Letters of Agreements for three selected providers to get reimbursed for working on Customized Employment and Discovery to place individuals with significant disabilities in employment.
- Convened the Employment First Task Force initial meeting by August 1, 2013 as requested in Executive Order No.28.
- Updated and added additional employment curriculum to our online web platform; Relias.
- Created an Employment First video and website that depicts the first two individuals who transitioned from sheltered work to community integrated employment. The employer (AutoZone) also talks about the benefits of hiring people with disabilities.
<http://www.tn.gov/didd/employment-1st/> .
- Doubled the amount of participating providers in the Employment First initiative.



Success Stories

A restaurant in Lebanon took a chance on a new employee, and their investment has paid off big. Jackie P. is a fixture on the team at Painturo's. Her support provider helped Jackie get her start 14 years ago, and managers at Painturo's say she's been a valuable team member ever since. They love the big personality she brings to the staff, and if the comments on the restaurant's recent Facebook post are any indication, loyal customers love her too!

Last year, 364,000 vehicles visited the rest area at Exit 129 on Interstate 40. Vehicles that visited during the hours of 9 am and 3 pm Monday through Friday benefited from the hard work of employee Terry. Terry, a Jackson resident, is in a Supported Employment program, the purpose of which is to help people develop and maintain competitive work in their communities. Working 40 hours each week, Terry has gone above and beyond the norm for Supported Employment and enjoys every minute of it! According to Terry, his favorite part of working at the rest area is keeping the sinks in tip-top shape! He even refers to this task as his "specialty." Even better than keeping the restrooms spotless is having extra spending money to take his girlfriend, Valerie, out to dinner on the weekends! Terry lives with two other housemates in a home of their choosing, and receives minimal assistance from staff to lead a productive and independent home life. His work at the rest area has also contributed significantly to his independence and productivity. If he weren't at the rest area, Terry would be doing piece work at a day center. His work at the rest area has given him a greater sense of purpose, however, because it allows him to play a greater role in the community at large. His provider and DIDD are thrilled to see all of the success that Terry has experienced through their programs and hope his achievements will continue into the future!

Lisa has worked at a facility based industry for more than thirty years. In February, Lisa transitioned out of the workshop into community based employment at Medtronic as part of the Employment First Initiative. Lisa always expressed an interest in working in an office environment. With assistance from her Community Employment service provider, Lisa successfully landed a job as a general clerk. The job is customized and carved for both Lisa and Medtronic, matching her abilities to the unmet needs of the company. "Lisa is one of the first people with a developmental disability to be hired by Medtronic," said Charles Henderson, Lisa's supervisor. "She is not afraid to take on any challenge. She is a very eager worker and motivates us all." One of Lisa's primary responsibilities is to assist in setting up luncheon meetings in several conference rooms at the Museum of Modern Spinal Surgery and throughout the company. The meetings at the museum bring in doctors who are guests from round the world. She has learned to set the tables, and when the lunch is over, she gathers the dishes, rinses them and places them in the dishwasher. "Charles means so much to me," said Lisa. "He and my job coach have given me the chance to work at things I like to do. I love it here." Lisa has excelled at her job duties and is enhancing her skills while on the job. Since joining Medtronic, she has learned how to log into a PC, navigate pages, clock in and out, and review her weekly calendar for assignments and messages from her supervisor. She is also honing her typing skills and learning how to use a labeling machine to create labels for a new filing project.



In April 2012, Michael reached out to St. John's Community Services to assist in finding gainful employment. On June 15, 2012, Peggy Robinson, Save-A-Lot Store Manager, hired Michael to be a stocker for the grocery store located in Martin, Tennessee. Michael began working an average of fifteen to twenty-five hours a week at the store and began making new friends. A month into his job, Michael encountered personal circumstances that limited his hours and placed him in jeopardy of losing his position at the store. St. John's Community Services diligently worked with Michael and Peggy to overcome the obstacles he was facing on the job, and a year later we are able to share his success story. Michael worked hard to prove himself and to gain the trust of Peggy over the next several months. As he did, Michael saw his hours increase and he was given more responsibility around the store. In April 2013, Michael received a promotion from Stocker to Produce Manager which proved to be beneficial not only for Michael but to Save-A-Lot as well. He viewed his new position as not only a job, but rather as an opportunity to develop a career. Michael took the produce department to new heights by increasing the overall sales and profits of the store by three percent. Michael takes pride in placing all the orders for the produce department and ensuring it always meets the highest quality of standards for his customers. Michael now works an average of forty-five hours a week and has the opportunity to participate in Save-A-Lot's benefits package which includes a profit sharing program for employees. Peggy stated, "I don't know what I would do without him. Michael helps in every department of the store. He calls ahead of time to offer assistance on jobs at hand or to share thoughts on merchandizing to bring forth the very best for the store." Peggy sees Michael's potential and has begun preparing him for the next move within the company. Assistant Store Manager is on the horizon and is something Michael is working very hard to achieve.

Over 15 years ago, Shawn's parents came to a local community based center looking for a place where their son could thrive. They wanted him to be able to live and work as independently as possible. Shawn was placed at a production center to be evaluated and learn the necessary skills to obtain community employment. With the help of the staff, Shawn was hired in 2007 to work at the Green Hills Regal 16. His job included ushering, taking tickets, hanging signs and cleaning up the auditorium after the movie was over. In August of 2011, Shawn changed job and started working at Bagel Works & Perks. His duties included cleaning the lobby, washing dishes and food prep. Shawn also helped with catering jobs. He would assemble boxed lunches and load them into the catering truck. Upon arrival to the catering site, Shawn would unload the truck and distribute the boxes to various departments. Unfortunately, Bagel Works & Perks closed their doors and Shawn had to find a new job. Due to his work experience and assistance from his provider, Shawn did not have to wait long to find another job. In July 2013, Shawn was hired as a dishwasher for the weekends and holidays, at the International House of Pancakes (IHOP). Shawn likes the feeling of being more independent & loves the extra money he earns. Not only is Shawn happy with his job but so is his employer. IHOP manager, Christina, stated that "Shawn is doing a good job, has a great attitude and is willing to help out where ever needed. When Shawn was asked, what the best part is of having a job? He stated: "working at IHOP is like having a home away from home and I'm even learning Spanish!" Shawn likes to save the extra money he earns to go fishing and take camping trips.



TJ has a great attitude and gives his all in everything he does. He has a successful history of working in Chattanooga's recycling program and demonstrated his competencies as an employee and team member. However, his ultimate employment desire has been to work in a warehouse, managing inventory and maintaining a work area. When he began his provider's discovery process, it became apparent TJ had a wealth of interpersonal and interactive proficiencies. He is known on a first-name basis by every CARTA driver in Hamilton County, which serves as the public transportation system for Chattanooga. He has many friends and continues to enjoy meeting new people.

LK makes customized carrying cases that have all types of snacks with her picture and brief description of who she is and what her business goal is. She has several companies that she delivers to several times per week. She is doing quite well and continues to grow her business. She has her own work station at her home and her family provides natural supports with shopping and transportation. She has a business plan, Task Analysis and a Business License. She works several hours a day and receives Supported Employment through DIDD.

Family Support Program

In 1992, at the urging of disability advocates and families, the Tennessee legislature established the Family Support Program. The program is funded by state dollars and designed to assist people with severe and developmental disabilities and their families to remain together in their homes and communities. Family Support is not a substitute for long term services provided through HCBS Waiver programs, the Bureau of TennCare, Medicare, or private insurance.

The primary purpose of the program is to support:

- Families who have school-aged or younger children with severe disabilities.
- Adults with severe disabilities who choose to live with their families.
- Adults with severe disabilities not supported by other residential programs funded by state or federal funds.

Services can include but are not limited to: respite care, day care services, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing, and counseling. Services are flexible and responsive to families and their needs. An essential element of the Family Support Program is family and people supported involvement. Local and District Councils have been established and meet on a regular basis to oversee and provide advice on the distribution of local services.

Data

- For FY2013-2014, 5,094 people received assistance through the Family Support Program.
- The average expenditure per individual was \$1,232.
- There were 3,807 people waiting for Family Support Program services.
- The most widely utilized service is respite care.



Accomplishments

- To assure appropriate benefits are provided to Tennesseans, the Family Support Program began checking citizenship on all individuals enrolled in the program.
- A two day retreat was held in Nashville on October 1st and 2nd for the Family Support contract providers.
- A new data collection system is being developed for the Family Support Program. There was a meeting held in each of the grand regions in January to give an overview of the system to the providers. A test for the data collection tool began in the spring and will go live July 2014.
- During FY2013-2014, 4,064 surveys were sent to families in the program. There was a forty-six percent (46%) return with positive responses noted.
- On January 29th families attended a reception for the Legislators and Disability Days on the Hill to thank the Legislators for their continued support for the Family Support Program.
- Due to advocacy efforts from families/council members/community agencies, the Family Support Program budget for next year is funded at \$7.3 million.

Success Stories

"This program helped us pay for a new drug before it was approved by insurance. This drug proved to be a miracle in stopping my son's seizures. I now use the support to offset my sitter fees so I can work."

Cheatham County

"I cannot begin to tell you how much I appreciate the Family Support Program. I work 40 hours a week, am a quadriplegic and wheelchair bound so to have someone come to my home and clean means the world to me. Thank you so much for allowing this to be available to me and others like me."

Grundy County

If it wasn't for this help I couldn't have kept my husband in his own surroundings as long as I did. I think it is wonderful to have had this support in our county to be able to take care of him. Thanks so much for this program. My husband passed away 01/09/2014, and I enjoyed his last days with him because of this program. He died peacefully because we could be with him. Thanks again.

Lauderdale County

My son was in an auto accident in 1993. I have taken care of him at home for almost 21 years. It has been a very tiring and difficult time. He cannot walk or talk. He has to have someone to care for all his needs and everyday care since he has a trachea and is on a feeding tube. The funding from Family Support allows my wife and I to get some help so we can get a break at times.

Montgomery County

My son has Dravet Syndrome, a rare form of epilepsy. One of his medicines comes from France and costs \$1,945 every 3 months out-of-pocket costs. The money from Family Support helps to pay for one round of this necessary medicine! Thank you.

Knox County



Our family is blessed in that my husband and I both have full time jobs and great health insurance; however, raising a child with special needs (cerebral palsy in our case) is a struggle no matter how great your job or insurance is. Our son has made great progress with therapies he receives, and we would never be able to provide him with those services were it not for the Family Support Program. Thank you for supporting this vital program.

Rutherford County

This program gives us some relief from the 24/7 care my wife and I have been providing my daughter for the last 33 years.

Shelby County

Medicaid Waiver Residential Supports

DIDD offers a variety of residential settings to meet the needs of people in the HCBS Medicaid Waiver programs. Below are the basic types of residential supports available and the most distinct differences between the types of services under each model.

Residential Habilitation: requires that no more than four people live in the home unless the home was in existence prior to July 1, 2000. The provider owns or rents on behalf of the people living in the home. Room and board charges are applicable but the monthly charge can be no more than eighty percent (80%) of the year's maximum Supplemental Security Income (SSI) payment. Each home is licensed.

Supported Living: provides more individual control of the home in which three or fewer people reside. People supported have assistance to rent or own the dwelling of their choice, pay their own bills, choose housemates and participate in the selection of their staff. Supported living represents the largest number of people receiving a residential service. A housing inspection is required initially and at regular intervals thereafter. The provider must obtain a license to provide the service.

Medical Residential: is a specialized residential habilitation or supported living service for people who require skilled nursing services on an ongoing basis. This service requires additional licensing by the Department of Health for the medical component. The home would be either licensed or inspected as required.

Family Model Residential Services: are modeled after the foster care program. People supported live in the home of the caregiver family. Room and board charges are applicable but can be no more than seventy percent of the year's maximum Supplemental Security Income (SSI) payment. No more than three people are supported for this service in the home. For children under 18 in a Medicaid Waiver program, it is the primary residential service available and the service of choice for a minor. This service is well-suited to meet the needs of adults as well and generally provides greater consistency and longevity of caregivers. The contracted provider is licensed for the service and subcontracts with the families that provide the service.

Intensive Behavioral Residential Service: is a new clinical treatment model designed to meet the specific needs of people who have exhibited high-risk behavior, placing themselves and or others in danger of harm. This program is designed to be flexible enough to respond to the changing needs of the people supported and the level of risk presented by the person's current behavior. Generally, it is not an



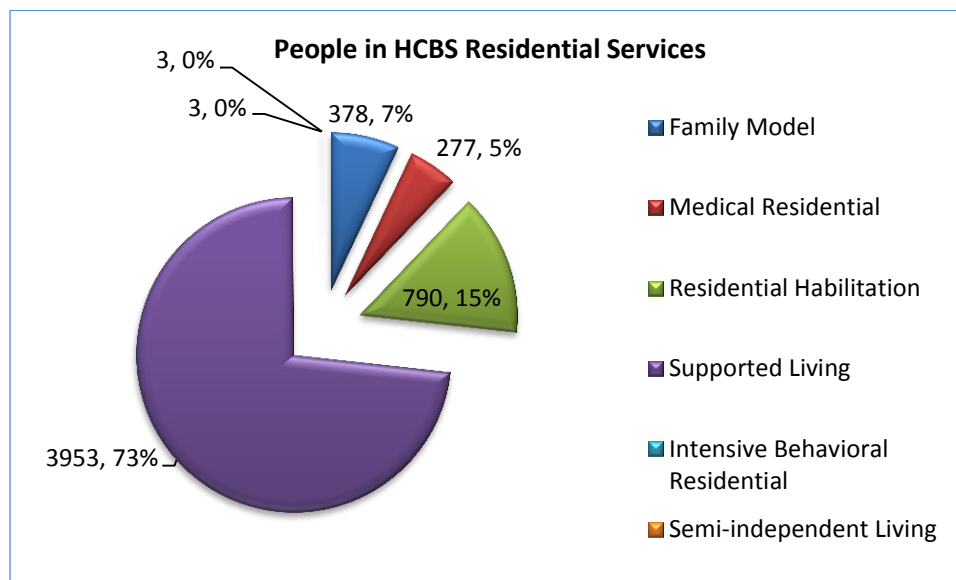
indefinite, long term, residential support service. A person with high-risk behavior who is involved in this program will have opportunities to develop healthy and meaningful relationships with others. Each home is licensed and operated as a Residential Habilitation Facility and is no larger than a four-person home. Admissions to this program are reviewed and approved by committee chaired by the Central Office Director of Behavioral and Psychological Services.

Semi-Independent Living Services (SILS): is a new residential service for people who need intermittent or limited support to remain in their own home and do not require staff that lives on-site. However, access to emergency supports as needed from the provider on a 24-hour basis is an essential component of this residential service and is what differentiates it from Personal Assistance services. Semi-Independent Living Services providers are required to be licensed to provide this service. SILS homes must pass the same Housing Inspection as Supported Living homes. This residential service is available only through the Self Direction (SD) Waiver.

Data

Chart 18: People Supported in HCBS Residential Services FY2013-2014

The chart below shows the number of people per residential service. The total number for the year was 5404. Note that this count is unduplicated by category but also encompasses the number of people that have moved around inside each service.



Housing Inspections

All Supported Living and Semi-Independent Living homes must be inspected by a DIDD housing inspector. New homes are inspected within seven days of the request and every 30 months thereafter. Statewide, 2,449 units require this type of inspection. The program covers homes in 82 counties in East, Middle, and West Tennessee. In FY2013-2014, 2,304 homes were inspected.



Supports Intensity Scale® (SIS)

Completion of a uniform assessment is required by the Centers for Medicaid and Medicare for persons receiving Waiver services of Personal Assistance, Day, or Residential supports. The Department adopted the SIS® in 2012 as the assessment that will replace the Inventory for Client and Agency Planning (ICAP) tool. The SIS® focuses on the level of support needed by a person to be able to participate in activities to the fullest extent possible instead of looking at deficits in skills, which was the primary focus of the ICAP. Topics included in the SIS® that are covered during the assessment include home living, community living, lifelong learning, employment, health and safety, social activities, protection and advocacy, and exceptional medical and behavioral support needs. This is a person centered tool that can be helpful in developing an Individual Support Plan that more accurately reflects the person's needs and desires, as well as planning day to day activities that are important to and important for the person supported.

During FY2013-2014, 2,128 assessments were completed. By the first quarter of 2016, it is projected that all people enrolled in any of the aforementioned DIDD Waiver programs will have received an assessment.

Accomplishments

This fiscal year was the start of two new residential service models offering alternatives for persons with behavioral and mental health challenges:

- Intensive Behavior Residential Services (IBRS) uses a clinical treatment model with a holistic approach to assist people with severe or challenging behavior with successful social integration. The development of this service required more time than expected in order to ensure the proper supports for a successful program. Nonetheless, the first 4-bed male home was opened in May of 2014. A 4-bed female home is slated to open in the first quarter of the FY2014-2015 and there have been at least three new service providers approved to provide IBRS.
- Semi-Independent Living (SIL) provides an alternative to IBRS for people whose behavioral challenges are exacerbated by intense staff supervision.
- DIDD continues to serve on the board for the West Tennessee Housing Foundation, a non-profit organization that acquires housing for people with developmental disabilities in the West region. The Foundation has purchased its first home and it is being rented by three women receiving services from St. John's Community. There are at least two more homes being considered for purchase by The Foundation and an open house will be in the works once more homes have been acquired.
- By invitation, DIDD served as Co-Sponsor with the Tennessee Fair Housing Council on May 22, 2014, "Update on Group Homes and the Fair Housing Act."
- DIDD Residential Services participated in different community-wide conversations on housing for persons with intellectual and developmental disabilities to discuss current needs, visions for the future, and resources available. These forums include:
 - The Nashville Disabilities Housing Group presented by the Pujols Family Foundation
 - Community Forum for Special needs housing presented by MDHA and the Centers for Independent Living



- Staff participated with the Tennessee Commission on Aging and Disabilities in development of their Strategic Plan for the coming year.
- Other work groups and committees In which Residential Services staff represented the Department:
 - RESOURCE Tennessee, a quarterly collaboration between DIDD and the Department of Mental Health focused on improving crisis supports and behavioral health services for persons with intellectual disabilities;
 - IBRS Admissions/Discharge Committee;
 - Family Model Residential Services Workgroup;
 - TennCare Middle Tennessee Housing Steering Committee and
 - Tennessee State Community of Practice Team for Supporting Individuals with Intellectual and Developmental Disabilities.



DIDD Regional Offices

DIDD maintains Regional offices in each grand region of the state. Under the management of the Office of Program Operations, each Regional Office is supervised by a Regional Director.

The West Tennessee Regional Office (WTRO) has two offices. The primary Regional Office is located in Arlington while a satellite office is located in Jackson. The Middle Tennessee Regional (MTRO) has one office located on the Clover Bottom campus in Nashville. The East Tennessee Regional Office (ETRO) has three offices. The primary Regional Office is located in Knoxville while satellite offices are located in Chattanooga, and Greeneville on the campus of Greene Valley Developmental Center.

Regional Office Organization

Administrative Services Unit

The areas of responsibility for Administrative Services Unit in the Regional Office include human resource functions and working with providers when payment claims are denied or additional information is needed to process claims. Units review and authorize service requests identified in the Individual Support Plan, which is required for all people enrolled in the HCBS Waiver programs. These units also provide appeal notices when service requests are denied. Health information for people supported is managed through this unit as well for both state operated ICF/IID facilities and HCBS Waivers programs. Finally, this unit also assures that Facilities Management is provided for all state properties utilized by DIDD.

Case Management and Transition Teams

Case Management is provided in each region by state employed case managers. Case Managers provide people and families with information regarding DIDD programs and services, assist in finding services, and assess the person's service needs. In addition, for people enrolled in the Self Determination (SD) Waiver program the SD Waiver Case Manager coordinates paid and non-paid services and develops and monitors the implementation of the Individual Support Plan.

Transition Teams monitor and implement a person's transition from one residential setting to another, from a Developmental Center into the community. Transition Teams conduct reviews to ensure compliance with all applicable lawsuit and DIDD requirements.

Regional Provider Support Team

The Regional Provider Support Team (RPST) provides support for new providers as they begin to provide services. The team follows up with providers on DIDD quality assurance surveys to focus on overall system improvement. The RPST, under the direction of the Regional Operations Director, coordinates technical assistance activities for providers that perform below acceptable compliance in individual support plan implementation and the health and safety domains monitored by Quality Assurance. They also provide technical assistance in DIDD requirements for any domain if requested by a provider. Each Regional Quality Management Committee (RQMC) reviews performance data and makes decisions



regarding actions to be taken for agencies requiring assistance. All quality management system partners are responsible for follow-up activities to ensure implementation of corrective actions.

Compliance Unit

The Regional Office Compliance Unit collects information and data from quality assurance surveys, investigations, and incident reports for input into the provider data management reports to analyze and measure success in achieving outcomes and identify improvements. Units monitor court requirements with provider compliance submitting data to central office compliance staff who compile statewide data reports for DIDD management. Regional Compliance units are also responsible for implementing the DIDD mortality review process.

Protection from Harm Unit

The Regional Office Protection from Harm (PFH) Unit and Investigation Follow Up Unit track all substantiated investigations of abuse, neglect and exploitation of providers. The unit ensures that the provider's responses are followed to a resolution per the corrective action plan. The unit also conducts monthly reviews of PFH profiles and other data reports as part of the Regional Abuse Neglect Prevention Committee (ANPC). The Regional Office PFH Incident Management Unit provides technical assistance in PFH matters to Provider Incident Management Directors, provides training in Protection from Harm upon request to provider staff, prepares Provider PFH Profiles, initiates Under-reporting audits, reviews reported incidents and follows up as needed.

Person Centered Practice Units

The Regional Office Person-Centered Practices Unit enhances efforts to support people with disabilities to increase their personal self-determination and improve independence. The unit is available for assistance in requested Person-Centered Facilitation when people are experiencing dissatisfaction of services, potential discharge from services, barriers to service delivery, new to services, transition from mental health or nursing home, and/or high-risk issues to include medical, behavior, communication, mental health or incarcerations. The staff also assists Person Centered Organizations.

Staff Development Unit

The Staff Development Unit coordinates and administers required and supplemental training for both DIDD staff and network provider staff. Classroom training is offered to ensure a robust qualified and competent workforce exists for supporting people with disabilities who are supported by DIDD.

Clinical and Operations Unit

Regional Clinical Units consult with providers for proper treatment and care of people supported in the HCBS Waiver programs in areas that include nursing; nutrition; vision; dental; behavioral; speech, language, and hearing; orientation and mobility, occupational therapy; and physical therapy.



Accomplishments

East Tennessee Regional Office

- The East Tennessee Regional Office moved from the Lakeshore Park complex, which had been its location for over 35 years, to the Langley Building in downtown Knoxville. The DIDD regional office FY2013-2014, sustained 127 contracted providers supporting 4304 people in home and community based settings, family support services and ICF/IID facilities.
- Community Transition continues to review an average of 50-60 support plans per month in accordance with the Community Transition Policy and Waiver Protocols.
- Five people moved from Greene Valley Developmental Center and into the community; three of those people entered HCBS Waiver Services and two filled ICF/IID vacancies at East TN Community Homes.
- Towards implementing the DIDD mission of becoming the nation's most person-centered and cost-effective state support system for people with intellectual and developmental disabilities, the East region supported and participated in regional Person-Centered Organizational Change at DIDD provider locations.
- The regional office has continuous use of Person-Centered Tools when working with agencies on system changes.
- Participant comments from Person-Centered Thinking Training:
 - Practical and relevant content that directly applies to our work setting;
 - A great training on person-centered practices. Learned how to use many different tools; and
 - The information was useful...You knew you could easily implement with information given.
- DIDD performs remediation compliance reviews for people enrolled in Home and Community Based Waivers. East Tennessee was at ninety-eight percent (98%) compliance for FY2013-2014 for the Statewide Waiver and the Self Determination Waiver.
- The East Clinical Review Committee continued to meet to address status of persons with high risk behavioral/psychiatric issues and/or vulnerable persons with multiple clinical needs. The ECRC also addressed the status of supports at provider agencies with high levels of key protection from harm concerns (primarily falls and choking incidents).
- The Regional Therapeutic Services Team has developed an incident follow-up tracking system to review aspiration pneumonia, choking, falls, and skin breakdown and is developing new ways to trend information that otherwise would not have been available in the past. This information can be used to help agencies understand trends for incidents. During the FY2013-2014 the following numbers of follow-ups were completed: Falls (282), Choking (54), Pneumonia/Aspiration Pneumonia (95) and Skin Breakdown (41).
- During the FY2013-2014 the Regional Therapeutic Services Team conducted 113 training sessions for 1,106 participants. Training opportunities include: Challenges in Physical Management, Mealtime Challenges, Dysphagia Overview/Swallowing Disorders, Falls: Causes and Preventive Strategies, Environmental Sensory Design, Building a Meaningful Day: The Basics



to Achieving a Balance, Nutrition Resource Guide: Basic Nutrition & Doctor Prescribed Diets, Menu Planning, Safe Food Handling and Foodborne Illness, Cooking Basics, Reading Food Labels and Healthy Portion Sizes, and Orientation to the Provision of Therapeutic Services.

- East regional nursing provided 99 (38%) Medication Administration for Unlicensed Personnel classes with a total of 1,445 (47%) participants (percentages representative of East Region total classes/participants).
- Regional Behavioral Services conducted 768 behavioral service reviews, 185 Behavior Service Assessment request reviews, and 16 Regional Psychiatric Consultation Team reviews.

Middle Tennessee Regional Office Highlights and Accomplishments

- Intake and Case Management assisted with 67 enrollments statewide.
- Case Managers assisted five individuals on the Waiting List with securing employment.
- Case Managers have referred over 100 families on the Waiting List for Family Support Services.
- Case Managers have assisted two families with full renovations to their homes to assisted family members that are on the Waiting List. There was no cost to the families, total renovations were free. Wavier services do not cover renovations of rooms and/or garages.
- Provider Support Unit conducted nine general wellness reviews, medical reviews and benchmark reviews.
- Provider Support Unit conducted 25 validation reviews.
- Provider Support Unit tracked and resolved 67 individual issues/concerns and /or discharges.
- The Person Centered Practices Unit (PCU) has worked with over 50 new referrals from November 2013 – August 2014.
- The PCPU added a Unit Coordinator and Facilitator in fall 2013.
- The number of persons served increased and awareness continues to grow among Provider and Independent Support Coordination Agencies.
- The PCP Unit has worked with over 50 new referrals since November 2013.
- The PCU participates in monthly FOCUS Groups held on CBDC Campus, quarterly Independent Support Coordinator Director Meetings, quarterly Provider Director Meetings, quarterly New Provider Orientation Meetings, and promotes the Unit while in the community at various Provider Agencies.
- The Day Services Coordinator continually promotes awareness with the Discovery Program for the Employment 1st Initiative to Provider Agencies throughout Middle TN., as well as providing Technical Assistance (T.A.) to Provider and Independent Support Agencies as requested or required.
- The Day Services Coordinator attends and participates in the monthly Focus Group Forums at MTRO.
- The Day Services Coordinator coordinates and participates in the Bi-monthly MTEC (Middle Tn. Employment Consortium) meetings, in addition to attending and assisting in STEC (State Tn. Employment Consortium) quarterly meetings with the State Director.



- The Family Support Program provided guidance for District 4 in Cookeville combined Local/District Council on four occasions.
- Family Support staff facilitated five meetings for District 5 and four in District 6.
- Family Support staff provided Orientation for New Members of District 6 on March 5 in Columbia and February 26 in Lawrenceburg.
- Family Support staff facilitated five Family Support Coordinators Meeting.
- Family Support staff provided TA to new three new Support Coordinators.
- Family Support staff attended Local Council Meetings on May 9, 2014 at The Arc Davidson County Greater Nashville, and Community Development Center on April 14, 2014.
- Family Support staff recruited volunteers and gathered information required for Family Support Programmatic reviews for five provider agencies.

West Tennessee Regional Office

- Employment focus groups were initiated and held throughout the year in the Memphis and Jackson areas, involving 94 people.
- Participated in the Shelby County Mayor's Advisory Committee, providing information to employers regarding the opportunities to hire people with disabilities.
- Employment and Day Services Unit actively worked with the Parent Coalition in West TN to share information about Employment First!
- Worked with AutoZone which resulted in two people supported by DIDD securing employment in their distribution center.
- Attended Customized Employment Training and shared the information gained with providers in West TN.
- The Person Centered Practices Unit facilitated person-centered planning for 45.
- The Person Centered Practices Unit engaged an additional agency in Person Centered Organizational Training.
- Twelve learners were successful in graduating from the Home Manager Certification program in spring 2014 in partnership with Southwest Tennessee Community College.
- Nursing Services was recognized by Central Office Staff Development for organization and efficiency in the oversight of the Medication Administration Certification Training Program, allowing for the West Region's review to be completed in a quarter of the time necessary to review the other two regions.
- Nursing Services was recognized by the Bureau of TennCare for provision of expert testimony in medical appeal hearings.
- Nursing Services was provided Best Practice Guidance via Open Line on symptomology to promote early identification of possible bowel obstructions, pneumonias and dehydration.
- Requests for clinical consultation/technical assistance were responded to within one business day 100% of the time.
- Requests for clinical consultation/technical assistance were responded to within one business day 100% of the time.



- Therapeutic Services partnered with the University of Tennessee Health Sciences Center to provide education about intellectual and developmental disabilities to Level II Fieldwork Occupational Therapy Students to support long term health of the DIDD provider network.
- Therapeutic Services participated in the revision and implementation of the curriculum for Challenges in Physical Management and Mealtime Challenges.
- Therapeutic Services Provided the following training:
 - 60 people were trained in Challenges in Physical Management
 - 191 people were trained in Falls: Causes and Preventive Strategies
 - 96 people were trained in Mealtime Challenges
 - 52 people were trained in Aspiration Overview
 - 20 people across 10 provider agencies were provided with orientation to the provision of therapeutic services within the DIDD service system
 - 6 people were trained in Oral Hygiene
- Behavioral Services requests for clinical consultation/technical assistance were responded to within one business day 100% of the time.
- Behavioral Services enhanced the West Tennessee Behavior Support Committee by including a member of the Shelby County Crisis Intervention Team as a member on the Committee.
- Behavioral Services presented Data Analysis and Interpretation: Basic Terms and Practices at the Sixteenth Annual Tennessee Association for Behavior Analysis Conference in Nashville, TN.
- Intake Staff assisted 105 people with enrollment into Home and Community Based Waiver services.
- As of June 30, 2014 the Self Determination Case Management Unit was providing case management for 324 people enrolled in the Self Determination waiver.
- Transition staff handled 377 transitions, including changes in residential and personal assistance providers and/or changes in residence.
- Transition staff conducted Post Placement Monitoring for 36 people who transitioned.
- Facilities Management provides maintenance, grounds keeping and housekeeping services to the West Tennessee Region Arlington Campus, as well as maintenance and grounds keeping for the West Tennessee Community Homes. In addition, this work unit coordinates and/or provides the maintenance for sixteen additional properties the DIDD has responsibility for across the Shelby, Fayette, Hardeman, Weakly, Gibson and Madison counties.
- Throughout FY2013-2014, the Compliance Unit generated Data Management Reports for 66 residential and support coordination providers on a monthly basis.
- The PFH Unit reviewed and processed 265 Plans of Corrections for investigations that lead to substantiation of abuse, neglect or exploitation in the west region.
- The PFH Unit completed 3 under reporting audits of contracted provider agencies
- The PFH Unit generated 21 Protection from Harm Profiles for contracted provider agencies
- The At Risk Team was assembled to work to support people who potentially qualified as members of a protected class in the litigation related to the former Arlington Developmental Center. Executed implementation of Arlington Exit Plan two months ahead of schedule.



- The West Tennessee Resource Center provides safety net services for people with intellectual disabilities who reside in West Tennessee as well as inter-division agreement therapeutic services to the West Tennessee Homes.
- 1,667 hours of occupational therapy services were provided during FY2013-2014.
- 2,215 hours of physical therapy services were provided during FY2013-2014.
- 1,088 hours of speech language pathology services were provided during FY2013-2014.
- Partnered with the University of Tennessee Health Sciences Center to provide education about intellectual and developmental disabilities to Level II Fieldwork Occupational Therapy Students to support long term health of the DIDD provider network.
- The Physical Nutritional Management Team provided a total of 3,627 hours of service during FY2013-2014..
- The physical nutritional management team supported 17 people during FY2013-2014.
- The Neuro Behavioral Psych Team successfully implemented an initiative to provide education, consultation and technical support for reducing the use of psychotropic medications for 46 people residing in an ICF/IID.
- 549 hours of psychiatric assessment and consultation were provided during FY2013-2014.
- 563 hours of individual and group counseling were provided during FY2013-2014 by Psychology Services.
- 157 dental visits were conducted during FY2013-2014 by Dental Services.

DIDD Developmental Centers

DIDD operates three Developmental Centers certified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID): the Clover Bottom Developmental Center, the Harold Jordan Center both located in Nashville and Greene Valley Developmental Center located in Greeneville, Tennessee. These Developmental Centers are Medicaid certified facilities that provide 24-hour residential care to support and maintain the physical, intellectual, social, and emotional capabilities of people with an intellectual disability. In addition, the Harold Jordan Center, offers a residential program that provides specialized services including forensic services and behavior stabilization services to persons with an intellectual disability. Within the past year, 12 beds at the Harold Jordan Center were certified to provide ICF/IID services for persons with severe behavioral challenges.

The Developmental Centers are primarily responsible for ensuring the daily health, safety, and welfare of people who reside there, while also providing for their daily services and supports. The services typically provided are personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, and motor skills for people with intellectual disabilities. Medical treatment is also provided to people who live at the facility.

Accomplishments

Greene Valley Developmental Center

- The 2014 ICF/IID survey was the best GVDC has had in 16 years with only 1 W-tag deficiency.



- Over the past year, the Speech and Hearing Department worked with four East Tennessee State University students to observe and share information related to services provided to persons with Intellectual Disabilities in the area of Communication and Swallowing.
- A gentleman living at GVDC used his Augmentative/Alternative Communication (AAC) device to read a book to students at a local elementary school as part of Read Across America and to teach them about how technology can impact a person's life.
- Advisory Council members and the Community Relations Department collected school supplies for Partners in Education-Chuckey Elementary School in August and collected \$100 by "Ring the Bell" at Christmas. The donation was presented to Greeneville-Greene County Food Bank.
- Five persons served voted at the election poll in Alder on April 15. One person cast their vote in person during early voting at the Election Commission office in Greeneville.
- Three hundred pounds of plastic were delivered to Ingles as a part of the TREX recycling project in May.
- GVDC obtained a Department of Labor recertification certificate authorizing special minimum wages for GVDC and Quality Products. Quality Products formed a partnership with St. Jude's children hospital in Johnson City and coordinated donations for the children. Quality Products obtained a new sub-contract with Goods for Giving Company. The Community Employment Program currently has five individuals that are employed in jobs in the community.
- Satisfaction Surveys returned with a ninety-seven percent (97%) satisfaction rate.
- There were five people that successfully transferred to their new home in the community.
- For the second time in Greene Valley's March of Dimes history, three ladies who live at GVDC became members of Greene Valley's March for Babies Team. This was the second year of participation for one lady. The ladies collected \$940 with \$1,138 as the team total.
- Race Day at the Valley continues to be a premier car show in the local community. The event saw 200+ visitors bringing 149 vehicles for the enjoyment of persons supported at Greene Valley and the East Tennessee Community Homes.
- Representatives of the Advisory Committee presented school supplies collected during a supply drive to Chuckey Elementary School students.
- Greene Valley celebrated its 15th year of providing Christmas presents for foster children in the custody of the Greene County Department of Children's Services.
- A lady and a gentleman who live at Greene Valley joined the Greeneville-Greene County Tourism and Sports Council *Festival of Trees* fundraiser by making and donating a Christmas wreath and cookie jar centerpiece for silent auctioning.
- Support of our troops continues as persons supported in Rosewood made and mailed 176 Valentines to four United States military personnel.
- Greene Valley began a new wellness program in conjunction with Governor Haslam's *Healthier Tennessee* initiative with a campus walk which included both staff and persons supported.
- A Therapy Services Director was hired to coordinate Occupational Therapy, Physical Therapy, Speech/Hearing, and Orientation and Mobility services at GVDC and ETCH.



- Within the past year, GVDC has developed the Independent Living Assessment. This document has been designed to explore past, current and future potential person centered skill development opportunities with the end goal of helping the person and their Circle of Support design services and programs that will assist the person in gaining greater independence and functional abilities as they prepare for community life.
- The Nursing Department saw the benefits of the development of the Medication Safety Office. The total Medication Variances was reduced by one-half from the previous reporting period.
- The Division of Health Care Facilities conducted a recertification survey of the laboratory at Greene Valley Developmental Center on May 13th, 2014. The results of the survey showed that all CLIA Condition-level requirements were met during the time of the onsite survey and therefore the laboratory was recommended to be recertified in the CLIA program.
- GVDC received re-certification as an ICF/ID facility, and received a positive re-survey from Licensure.
- Forty-seven employees completed the 2-day Person Centered Thinking course. Eleven completed the Coaches Support training.

Clover Bottom Developmental Center and Harold Jordan Center

- As of October 2013, the Harold Jordan Center received certification for 12 new Intermediate Care Facility beds.
- Continued community-based day services, and augmented with contracts with two community-based waiver service providers.
- Ninety-eight percent (98%) of people supported had family and/or conservator involvement in the Individual Support Planning process at some point through the year.
- Individualized Nursing Care Plans and Health & Treatment Plans were developed and implemented for all people supported.
- People supported have the option of facility-based and daily community-based activities.
- Staff were trained in Person-Centered Thinking and implemented tools routinely in individual and systems meetings.
- Implementation of a new person-centered Individual Support Plan and Progress Review process.
- Consolidated all on-campus living arrangements to three cottage homes.

DIDD Community Homes

DIDD provides residential community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) homes that provide 24-hour support and maintain the physical, intellectual, social, and emotional capabilities of people supported. These homes are located in typical communities throughout the state. The homes meet all applicable federal and state code requirements for ICF/IID homes, are wheelchair accessible, and have the added safety measure of fire sprinkler systems.



State employees are responsible for ensuring the daily health, safety, and welfare of people supported, while also providing daily services and supports. The services typically provided include personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, sensory stimulation, and motor skills.

Accomplishments

East Tennessee Homes

- The homes continue to meet one hundred percent (100%) occupancy in all 13 homes Greene County. Inquiries and referrals are received on a regular basis from interested families seeking ICF/IID services.
- The May 2014 Satisfaction Survey results from family members and legal conservators revealed one-hundred percent (100%) satisfaction with the home where their family member lives.
- All 13 homes surveyed received annual recertification by the TN Department of Health. Of the 13 homes, six homes were recognized for exemplary performance with zero deficiencies during the survey.
- ETCH developed and holds monthly meetings with an innovative Person-Centered Practice Committee to continually measure and address service quality from the perspective of our Direct Support Professionals and immediate level managers. This committee breaks down barriers to success for people with intellectual disabilities.
- Based on DIDD employment definitions and drawing encouragement from the Governor's initiative for people with disabilities to hold gainful employment in the community, ETCH increased employment opportunities from fifty-three percent (53%) of people supported in 2013 to sixty-four percent 64% through June 2014.

Middle Tennessee Homes

- The first Middle Tennessee home were licensed and began operations in February 2014.
- Achieved certification as an ICF/IID with the four Middle Tennessee homes all without any deficiencies.
- Sixteen people transitioned out of Clover Bottom Developmental Center and now reside in the four Middle Tennessee Homes.
- Staff and people supported made multiple trips to the Middle TN Homes, prior to their transition, to familiarize themselves with the area of the home and their individualized bedrooms.
- Staff who knew the person best was chosen to work with the person at their new homes.

West TN Homes

- Ninety-five percent (95%) of Consumer Satisfaction Surveys completed had favorable results.
- The average daily costs were reduced by three percent (3%).
- The homes achieved a rating of one-hundred percent (100%) on a Post Placement Monitoring Review conducted following a new admission.
- The average number of days to fill a vacancy was 55 days.



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